

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [x] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: HARTFORD HEALTHCARE PENSION PLAN
1b Three-digit plan number (PN): 011
1c Effective date of plan: 10/01/1947
2a Plan sponsor's name (employer, if for a single-employer plan): HARTFORD HEALTHCARE CORPORATION
2b Employer Identification Number (EIN): 22-2672834
2c Plan Sponsor's telephone number: 860-696-3500
2d Business code (see instructions): 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	14653
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3787
	6a(2)	3526
	6b	6905
	6c	3054
	6d	13485
	6e	624
	6f	14109
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>HARTFORD HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HARTFORD HEALTHCARE CORPORATION</u>	D Employer Identification Number (EIN) <u>22-2672834</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>1855937944</u>
	b Actuarial value	2b	<u>1933812128</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>7301</u>	<u>1030961806</u>
	b For terminated vested participants	<u>3730</u>	<u>240030634</u>
	c For active participants	<u>3833</u>	<u>444104080</u>
	d Total	<u>14864</u>	<u>1715096520</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.08 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>4600000</u>
	c Target normal cost	6c	<u>4600000</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>JENNIFER S COLLIER</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>75 ARLINGTON STREET</u> <u>FLOOR 2</u> <u>BOSTON, MA 02116</u> Address of the firm	<u>10/01/2025</u> Date <u>23-05680</u> Most recent enrollment number <u>617-638-3700</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15747957
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	15747957
10	Interest on line 9 using prior year's actual return of <u>5.25</u> %	0	826768
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	16574725

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.72 %
15	Adjusted funding target attainment percentage	15	112.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items	
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years	28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	4600000	
b Excess assets, if applicable, but not greater than line 31a	31b	4600000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)	
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HARTFORD HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN)	<u>011</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HARTFORD HEALTHCARE CORPORATION</u>	D Employer Identification Number (EIN) <u>22-2672834</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>HHC DEFINED BENEFIT MASTER TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>HARTFORD HEALTHCARE CORPORATION</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>45-4530568-100</u>	<u>M</u>	<u>1809152438</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HARTFORD HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	1809152438
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	1855937945 1809152438
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	413354 721386
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	413354 721386
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	1855524591 1808431052

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	
	(B) Participants.....	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities.....	2b(1)(B)	
	(C) Corporate debt instruments.....	2b(1)(C)	
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		68878588
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		68878588

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	115972127	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		115972127
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		115972127

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-47093539
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **FIONDELLA, MILONE & LASARACINA LLP**

(2) EIN: **06-1648707**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545056.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HARTFORD HEALTHCARE PENSION PLAN	B Three-digit plan number (PN)	011
C Plan sponsor's name as shown on line 2a of Form 5500 HARTFORD HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 22-2672834	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
----------	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-5160382

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	362
----------	------------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	0

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 36.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 12.0 %
 High-Yield Debt: 11.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 0.0 % Other: 34.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	HARTFORD HEALTHCARE PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	22-2672834	PN	011

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	HARTFORD HEALTHCARE PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	22-2672834	PN	011

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	HARTFORD HEALTHCARE PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	22-2672834	PN	011

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Financial Statements

Hartford HealthCare Pension Plan

*Years ended 2024 and 2023
with Independent Auditors' Report*



EXPERIENCE THAT COUNTS
ASSURANCE · TAX · ADVISORY SERVICES

Hartford HealthCare Pension Plan

Financial Statements

Years ended 2024 and 2023

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Independent Auditors' Report

To the Retirement Administrative Panel
Hartford HealthCare Corporation

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Hartford HealthCare Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Notes 4 and 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Independent Auditors' Report (continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



Independent Auditors' Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
September 24, 2025



Hartford HealthCare Pension Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets		
Investments		
Plan's interest in Hartford HealthCare Corporation Defined Benefit Master Trust - at fair value	\$ 1,753,829,134	\$ 1,799,396,799
Plan's interest in Hartford HealthCare Corporation Defined Benefit Master Trust - other	55,323,304	56,541,146
Total investments	1,809,152,438	1,855,937,945
Total assets	1,809,152,438	1,855,937,945
Liabilities		
Accrued expenses	721,386	413,354
Net assets available for benefits	\$ 1,808,431,052	\$ 1,855,524,591

See accompanying notes.

Hartford HealthCare Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
Additions		
Net appreciation in the fair value of interest in Hartford HealthCare Corporation Defined Benefit Master Trust	\$ 74,792,098	\$ 96,783,602
Total additions	74,792,098	96,783,602
Deductions		
Benefits paid directly to participants	115,972,127	105,771,853
Administrative expenses	5,913,510	6,298,970
Total deductions	121,885,637	112,070,823
Net decrease	(47,093,539)	(15,287,221)
Net assets available for benefits, beginning of year	1,855,524,591	1,870,811,812
Net assets available for benefits, end of year	\$ 1,808,431,052	\$ 1,855,524,591

See accompanying notes.

Hartford HealthCare Pension Plan

Notes to Financial Statements

Years ended 2024 and 2023

1. Description of the Plan

The following description of the Hartford HealthCare Pension Plan (the Plan), a noncontributory defined benefit plan, provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

All of the assets and liabilities of the following affiliated defined benefit plans (the Merged Plans) were transferred to and merged into the Plan:

- MidState Medical Center Retirement Plan
- Retirement Plan for the Employees of Windham Community Memorial Hospital
- Retirement Plan for Employees of Bradley Memorial Hospital and Health Center, Inc.
- New Britain General Hospital Amended and Restated Pension Plan
- Retirement Income Plan for Employees of The William W. Backus Hospital
- VNA Health Care, Inc. Cash Balance Pension Plan
- Natchaug Hospital Amended & Restated Pension Plan
- Charlotte Hungerford Hospital Retirement Plan

As a result of these mergers, participants covered under the Merged Plans became participants in the Plan. Separate benefit formulas and other provisions pertaining to benefit determinations are set forth in the Plan that apply after the date of transfer, to the participants who were covered under the Merged Plans. The Plan assets are held in the Hartford HealthCare Corporation Defined Benefit Master Trust (the Master Trust)

Also effective December 31, 2015, the Plan was frozen, and the accrued benefit of existing participants shall not exceed the amount of their accrued benefit, if any, under the Plan determined as of December 31, 2015. Certain eligible participants, as defined in the plan agreement, have a lump sum amount under a cash balance component of the Plan. These participants are credited with annual interest on their account based on interest rate formulas outlined in the plan agreement.

Effective January 1, 2017, to comply with new Internal Revenue Service regulations for hybrid pension plans, the Plan adopted a credited interest rate formula by which the rate as determined each plan year shall be to the greater of (a) the one-year U.S. Treasury Constant Maturity rate averaged for the month of August of the preceding plan year plus one percent or (b) five percent. These credited interest rate changes are applicable to those participants who hold a lump sum amount under the cash balance component of the Plan.

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

1. Description of the Plan (continued)

General (continued)

Effective January 1, 2020, the Plan has been amended and restated in its entirety to incorporate the Plan amendments, including those applicable to the final regulations issued by the Internal Revenue Service regarding hybrid retirement plans and make certain other changes to the Plan and its Component Plans.

Effective January 1, 2024, the Plan adopted an increase of the mandatory cash out limit to \$7,000.

The Plan is administered by the Retirement Administrative Panel (the Panel) of Hartford HealthCare Corporation (the Company). The Panel has overall responsibility for the operation and administration of the Plan. The Panel determines the appropriateness of the Plan's investments and monitors investment performance.

Information about the Plan agreement and the vesting and benefit provisions, in addition to provisions regarding Pension Benefit Guaranty Corporation (PBGC) benefits in the event of the termination of the Plan, is contained in the *Summary Plan Description* (SPD). Copies of the SPD are available from the Company's Human Resources Department.

State Street Bank and Trust Company (State Street) is the trustee of the Master Trust. The Northern Trust Company (Northern Trust) is the Plan's benefit payment agent.

Contributions

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The contributions of the Company are made in amounts at least equal to the minimum required contribution required by ERISA. For 2024 and 2023, there was no minimum required contribution. The Company made no contributions to the Plan pertaining to 2024 or 2023. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements for the years ended December 31, 2024 and 2023.

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- That portion of a participant's benefit derived from his or her own contributions.
- Benefits that former employees or their beneficiaries have been receiving for at least three years as of the date of the Plan termination, or that employees who were eligible to retire at least three years prior to the date of the Plan termination would have been receiving if they had retired and received benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest amount that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.
- All other vested benefits not insured by the PBGC.
- All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition

As disclosed in Note 1, the Master Trust was established for the investment of assets of the Plan and other Hartford HealthCare sponsored retirement plans, as needed. Each participating plan has an undivided interest in the Master Trust.

The Plan's interest in the Master Trust is based on the value of the Plan's interest in the Master Trust which consists of contributions to the Master Trust and allocated investment income (loss), less allocated administrative expenses, and transfers to make benefit payments to the participants. Investment income (loss) and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan. Benefit payments are processed through a custody account held by Northern Trust which is included in the assets of the Master Trust.

The Plan, through its investment in the Master Trust, utilizes derivative financial instruments to manage market risk. During 2024 and 2023, the Master Trust utilized futures contracts for trading or hedging purposes. These derivative financial instruments are marked to market and reflected in the value of the Master Trust in the statement of net assets available for benefits at fair value.

The investment income (loss) of the Master Trust is reported in the Plan's interest in Hartford HealthCare Corporation Defined Benefit Master Trust investment income (loss) line of the statements of changes in net assets. Net appreciation (depreciation) in fair value of the Master Trust investments includes unrealized market appreciation and depreciation of investments and realized gains and losses on the sale of investments during the period. Purchases and sales of securities of the master trust are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Certain investment related expenses are netted against the Plan's interest in the Hartford HealthCare Corporation Defined Benefit Master Trust investment income (loss) line of the statements of changes in net assets available for benefits.

The underlying investments of the Master Trust are stated at fair value. Refer to Note 5 for discussion of fair value measurements of the Master Trust.

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses reported on the statements of changes in net assets represented trustee fees, investment management fees, actuarial fees and PBGC premiums that were paid from Plan assets. Certain administrative expenses representing the Plan's allocated portion of the Master Trust's administrative expenses, are included in the Plan's interest in the Hartford HealthCare Corporation Defined Benefit Master Trust investment income (loss) line of the statements of changes in net assets available for benefits. Other fees and expenses of the Plan for legal, accounting, and other administrative services may be paid by the Sponsor, or, at the Sponsor's discretion, may be paid in whole or in part from the Plan's assets.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based upon the Plan, or Merged Plans' provisions relating to average compensation. The accumulated plan benefits for active employees are based on service rendered to the date of determination, considering the employees' compensation and the probable time at which the participants will retire.

Actuaries estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement), between the valuation date and the expected date of payment.

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits as of the beginning of the Plan year is as follows:

	January 1,	
	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 912,818,180	\$ 877,881,101
Other participants (terminated vested and active)	577,359,338	580,788,272
	1,490,177,518	1,458,669,373
Nonvested benefits	789,159	937,022
Total actuarial present value of accumulated plan benefits	\$1,490,966,677	\$1,459,606,395

The changes in accumulated plan benefits, including the effect of changes in assumptions were as follows as of January 1:

	2024		2023	
Actuarial present value of accumulated plan benefits as of January 1, 2023 and 2022:	\$ 1,459,606,395		\$ 1,457,119,065	
Changes during the year due to:				
Actuarial losses (gains)	3,902,716		11,006,190	
Decrease in the discount period	98,533,045		98,432,400	
Assumption changes	34,696,374		(811,513)	
Benefits paid	(105,771,853)		(106,139,747)	
Actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023	\$ 1,490,966,677		\$ 1,459,606,395	

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

Accumulated contributions of plan participants in the contributory program related to the legacy Retirement Plan for the Employees of Windham Community Memorial Hospital, which includes interest credited of 5.25 and 4.62 percent for the years ended December 31, 2024 and 2023, respectively were as follows:

	2024	2023
Present employees	\$ 574,336	\$ 578,514
Terminated employees	230,650	370,328
	\$ 804,986	\$ 948,842

Significant assumptions underlying the actuarial computations as of January 1, 2024 and 2023 are as follows:

Discount rate	6.75% for 2024 and 7.00% 2023
Actuarial cost method	Traditional unit cost
Mortality basis	Pri-2012 Private Retirement Plans tables for males and females with separate rates for employees, retirees, and contingent survivors, with no collar or amount adjustment, projected generationally from 2012 using Scale MP-2020 as of January 1, 2024 and January 1, 2023.
Average retirement age	63 for 2024 and 2023
Assumed plan-related expenses	\$4,600,000 as of January 1, 2024 and \$5,700,000 as of January 1, 2023

Changes to actuarial assumptions for January 1, 2024 relate to updates to discount rate, cash balance interest crediting rate, and lump sum conversion rate assumptions. The discount rate used for January 1, 2024 has been adjusted by 0.25% for assumed plan-related expenses. The decrease in the discount period related to normal operation of the Plan for ongoing benefit accruals. The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of plan benefits.

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

4. Master Trust

As of December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was 100%.

Master Trust balances and the Plan's interest in the Master Trust balances consisted of the following at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Master trust assets		
Investments		
Cash and cash equivalents	\$ 3,152,487	\$ 1,116,217
Equity securities	60,246,572	77,061,042
Mutual funds	444,275,762	376,952,948
Alternative investments and common collective funds measured at net asset value	1,124,674,012	1,269,426,655
Fixed income funds	119,340,211	70,335,133
Investments without readily determinable fair value	55,323,304	56,541,146
Total investments	<u>1,807,012,348</u>	<u>1,851,433,141</u>
Receivables		
Receivable for investments sold	-	3,575,787
Dividends receivable	336,626	144,915
Interest receivable	1,708,204	887,143
Other receivables	112,610	109,280
Total receivables	<u>2,157,440</u>	<u>4,717,125</u>
Total assets	<u>1,809,169,788</u>	<u>1,856,150,266</u>
Master trust liabilities		
Payable for investments purchased	-	211,217
Other payables	17,350	1,104
Total liabilities	<u>17,350</u>	<u>212,321</u>
Net assets of Master Trust	<u>\$ 1,809,152,438</u>	<u>\$ 1,855,937,945</u>
Net assets of Master Trust attributable to the Plan	<u>\$ 1,809,152,438</u>	<u>\$ 1,855,937,945</u>

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

4. Master Trust (continued)

The following is a summary of the changes in the assets of the Master Trust, and Plan's interest in Master Trust investment income/loss:

	<u>2024</u>	<u>2023</u>
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 65,594,265	\$ 87,656,442
Interest and dividends	9,052,858	8,301,363
Other income	144,975	570,315
Net investment income (loss)	<u>74,792,098</u>	<u>96,528,120</u>
Benefit payments	(115,972,127)	(105,771,853)
Net transfers in	-	124,240
Administrative expenses	<u>(5,605,478)</u>	<u>(6,215,984)</u>
Decrease in net assets	(46,785,507)	(15,335,477)
Net assets – beginning of year	<u>1,855,937,945</u>	<u>1,871,273,422</u>
Net assets – end of year	<u>1,809,152,438</u>	<u>1,855,937,945</u>
Plan's interest in Master Trust investment income (loss)	<u>\$ 74,792,098</u>	<u>\$ 96,783,602</u>

5. Investments – Master Trust

All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2024 and 2023, investment income (loss) and expenses for the years then ended, were obtained or derived from information supplied to the Plan and certified as complete and accurate by State Street, the trustee of the Plan and Northern Trust, the Plan's custodian.

Hartford HealthCare Pension Plan Notes to Financial Statements (continued)

6. Fair Value Measurements – Master Trust

The Master Trust utilizes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy are described as below:

- Level 1: Quoted prices in active markets for identical assets or liabilities.
- Level 2: Observable inputs other than quoted prices included in Level 1, such as quoted prices for markets that are not active or other inputs that are observable or can be corroborated by observable market data. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

Fair value is defined as the exchange price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The Panel determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians.

In determining fair value, the Master Trust utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Master Trust also considers nonperformance risk in the overall assessment of fair value.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in methodologies used at December 31, 2024 and 2023.

Bonds (which are included in fixed income funds) are valued using pricing models that maximize the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks, such as credit and liquidity risks or a broker quote if available.

Equity securities are valued at the closing price reported on the active market on which the individual securities are traded.

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements – Master Trust (continued)

Mutual funds are valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities Exchange Commission. These funds are required to publish their net asset value (NAV) and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Certain common collective trusts and fixed income funds, except for bonds, are valued at NAV. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Alternative investment funds (hedge funds, limited partnerships and specialty investments) are also valued at NAV as a practical expedient. The underlying investments are stated at estimated fair value as estimated in an unquoted market. Individual investment holdings within the alternative investments may, in turn, include investments in both nonmarketable and market-traded securities. The fair value of the participation units is based on the Master Trust's proportionate share of the estimated fair value of the underlying net assets on the last business day of the plan year. Valuations of these investments, and, therefore, the Master Trust's holdings are determined by the investment manager or general partner and for "fund of funds" investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on underlying financial statements, historical cost, appraisals, or other estimates that require varying degrees of judgment. Fair value reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Master Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date.

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements – Master Trust (continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2024:

	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 3,152,487	\$ 3,152,487	\$ -	\$ -
Equity securities	60,246,572	60,246,572	-	-
Mutual funds	444,275,762	444,275,762	-	-
Fixed income funds	119,340,211	-	119,340,211	-
	\$ 627,015,032	\$ 507,674,821	\$ 119,340,211	\$ -
Alternative investments and common collective funds measured at net asset value (a)	1,124,674,012			
Investments not at readily determinable fair value (b)	55,323,304			
	<u>\$1,807,012,348</u>			

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2023:

	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 1,116,217	\$ 1,116,217	\$ -	\$ -
Equity securities	77,061,042	77,061,042	-	-
Mutual funds	376,952,948	376,952,948	-	-
Fixed income funds	70,335,133	-	70,335,133	-
	\$ 525,465,340	\$ 455,130,207	\$ 70,335,133	\$ -
Alternative investments and common collective funds measured at net asset value (a)	1,269,426,655			
Investments not at readily determinable fair value (b)	56,541,146			
	<u>\$1,851,433,141</u>			

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

- (a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the net assets of the Master Trust (Note 4).
- (b) The amounts reported in the preceding tables do not include certain investments without a readily determinable fair value reported based on cost or nonrecurring inputs totaling \$55,323,304 and \$56,541,146 at December 31, 2024 and 2023, respectively.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instance, the transfer is reported at the beginning of the reporting period.

The Company evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the Master Trust's total net assets available for benefits.

The following table summarizes the contractual amounts and fair values of the Master Trust derivative financial instruments as of December 31, 2024 and 2023:

	<u>Contractual Amount</u>	<u>Fair Value</u>
December 31, 2024		
Futures contracts *:		
Long (purchased)	\$ 4,900,000	\$ (139,055)
Short (written)	(700,000)	10,063
December 31, 2023		
Futures contracts *:		
Long (purchased)	\$ 3,500,000	\$ 356,883
Short (written)	(800,000)	(42,874)

All the derivative contracts are short-term and mature within one year.

*Contractual amount represents the notional value of the futures.

The realized and unrealized gain (loss) associated with the Master Trust's derivative financial instruments during the years ended December 31, 2024 and 2023 was not material. These amounts are included in net realized and unrealized (depreciation) appreciation in fair value of investments in the statement of changes in net assets available for benefits.

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

The Master Trust is exposed to credit-related losses in the event of nonperformance by counterparties to its futures contracts. The Master Trust, through its investment managers, monitors creditworthiness of the counterparties and presently does not expect default by any of the counterparties. The Master Trust does not obtain collateral in connection with its derivative financial instruments.

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize significant alternative investments and common collective funds measured at net asset (NAV) used to measure fair value as of December 31, 2024 and 2023, respectively:

	Fair Value 2024	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
K1 Special Opportunities Fund LP	\$36,727,204	1,382,740	fund discretion	fund discretion	N/A
Andean Social Infrastructure Fund 1 LP	35,412,701	4,155,923	fund discretion	fund discretion	N/A
Black River Fix Inc Relative LP	30,943,681	-	Quarterly	50% gate	60 days
Standard General Off Fund II Tranche F2 Shares 2021/06	26,439,113	-	Quarterly	25% gate	90 days
Acadian Emerging Mkt Micro Fd LLC	25,288,577	-	Daily	N/A	30 days
AEW Core Property Trust US Inc LP	23,782,570	-	Quarterly	Possible gate	45 days
Soho Square Feeder Fund III SCSP	23,209,344	-	fund discretion	fund discretion	N/A
Venor Capital Offshore E Venor Capital Offshore E30314	22,675,411	-	Quarterly fund	25% gate	90 days
WCP Homebuilder Inve Sol Gp LLC	21,394,021	3,520,000	discretion	fund discretion	N/A
Greywolf Opportunities Offshore II	20,997,897	-	fund discretion	fund discretion	N/A
Actis Energy 5 A LP	20,986,547	21,687,000	fund discretion	fund discretion	N/A
NB Secondary Opp Fund IV LP	19,533,722	5,939,166	fund discretion	fund discretion	N/A
Sasof Offshore V LP	19,104,230	4,198,421	fund discretion	fund discretion	N/A
Actis Asia Real Estate 2	18,777,231	5,458,000	fund discretion	fund discretion	N/A
Anchorage Illi Oppo Offs VII B LP	17,862,252	750,000	fund discretion	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value 2024	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Anchorage Capital Group VI	17,291,042	4,050,000	fund discretion	fund discretion	N/A
SG Special Situations Fund LP	16,990,031	8,691,729	fund discretion	fund discretion	N/A
K4 Private Investors, LP	16,809,336	3,366,045	fund discretion	fund discretion	N/A
Greywolf Distressed LP					
Opportunities Overseas Fund	16,778,199	-	Quarterly fund	N/A	60 days
NB Secondary Opp Fund V LP	16,740,443	21,971,092	discretion fund	fund discretion	N/A
MGG SF Drawdown Unlevered Fund	16,073,955	3,420,023	discretion fund	fund discretion	N/A
H.I.G Advantage Buyout Fund LP	15,968,842	2,198,130	discretion fund	fund discretion	N/A
TCG Crossover Fund I P	15,233,417	8,170,651	discretion fund	fund discretion	N/A
Trustbridge Partners VI, LP	15,059,286	6,492	discretion fund	fund discretion	N/A
Balderton Capital VI SLP LP	14,966,354	99,988	discretion fund	fund discretion	N/A
Marquee Brands Cayman Fd II LP	14,548,145	415,063	discretion fund	fund discretion	N/A
New Mountain Partners VI LP	14,207,769	491,708	discretion fund	fund discretion	N/A
Abax Asian Strd Fd III LP	13,934,364	14,476,635	discretion fund	fund discretion	N/A
Albacore Partners III Feeder Fund	13,819,836	4,617,465	discretion fund	fund discretion	N/A
Canvas Distressed Credit LP Fund LP	13,596,769	5,800,000	discretion fund	fund discretion	N/A
Balderton Capital VII SLP	13,102,401	200,515	discretion fund	fund discretion	N/A
Stockbridge Value Fund IV	12,689,198	1,836,299	discretion fund	fund discretion	N/A
Taconic EUR Credit Dis Off Fun LP	12,340,809	3,875,000	discretion fund	fund discretion	N/A
K3 Private Investors, LP	11,926,564	387,400	discretion fund	fund discretion	N/A
NB Real Estate Sec Opp Off Fund LP	11,909,091	5,105,421	discretion fund	fund discretion	N/A
Balderton Cap Growth I SLP	11,607,588	1,296,988	discretion fund	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value 2024	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Xponance Diverse Opportunities Fund	11,459,143	2,863,111	fund discretion	fund discretion	N/A
K5 Private Investors LP	10,932,125	3,754,123	fund discretion	fund discretion	N/A
DFJ Growth III LP	10,470,487	77,000	fund discretion	fund discretion	N/A
Grain Spectrum Holdings III (Cayman), LP	9,986,452	791,871	fund discretion	fund discretion	N/A
Oaktree Opportunities Fd XB (Cayman) LP	9,730,082	2,500,000	fund discretion	fund discretion	N/A
The Column Group IV Gp LP	9,609,181	1,134,775	fund discretion	fund discretion	N/A
Sasof Offshore IV LP	9,563,263	14,312,762	fund discretion	fund discretion	N/A
DBL Partners III	9,517,743	-	fund discretion	fund discretion	N/A
Lynstone Special Situations II Fund	9,492,276	11,765,267	fund discretion	fund discretion	N/A
Laguna Bay Agriculture Fund 1 LP	9,486,689	-	fund discretion	fund discretion	N/A
New Mountain Partners V LP	9,371,312	1,173,397	fund discretion	fund discretion	N/A
Great Hill Equity Partners VI	9,042,144	9,964,172	fund discretion	fund discretion	N/A
H.I.G. Middle Market LBO III LP	8,660,532	1,990,073	fund discretion	fund discretion	N/A
Balderton Capital SFI SLP	8,660,075	223,273	fund discretion	fund discretion	N/A
NB Secondary Opportunities Fund III LP	8,590,581	7,666,298	fund discretion	fund discretion	N/A
Merit Energy Partners K LP	8,438,098	2,371,975	fund discretion	fund discretion	N/A
GGV Capital VII LP	8,353,408	280,000	fund discretion	fund discretion	N/A
US Farming Rlty Trust III LP	8,292,663	-	fund discretion	fund discretion	N/A
Matador Film Part LP	8,253,180	-	fund discretion	fund discretion	N/A
Marquee Brands Cayman Fund LP	8,043,013	41,304	fund discretion	fund discretion	N/A
Abax Asian Structured Private Credit Fund 2022	8,016,808	661,316	fund discretion	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value 2024	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
GGV Discovery II, LP	7,972,245	75,000	fund discretion	fund discretion	N/A
DFJ Growth IV LP	7,960,175	768,000	fund discretion	fund discretion	N/A
AG Asia Realty Holdings IV, LP	7,754,016	4,503,591	fund discretion	fund discretion	N/A
MGG SF Drawdown Fund III LP Unlevered Fund III LP Sub Red	7,498,821	14,492,354	fund discretion	fund discretion	N/A
DN Capital Global Venture V Capital	7,476,833	2,092,590	fund discretion	fund discretion	N/A
Balderton Capital VIII S LP	7,330,904	2,605,190	fund discretion	fund discretion	N/A
Merit Energy Partners J, LP	7,295,107	-	fund discretion	fund discretion	N/A
DFJ Growth 2013, LP	7,255,501	-	fund discretion	fund discretion	N/A
Great Hill Equity VII LP Partners	6,658,469	2,669,167	fund discretion	fund discretion	N/A
Accel KKR Capital VI LP Partners LP	6,399,871	1,286,073	fund discretion	fund discretion	N/A
DBL Partners IV, LP	6,303,758	1,110,000	fund discretion	fund discretion	N/A
Navis Asia Fund VII, LP	6,228,021	403,440	fund discretion	fund discretion	N/A
AG Asia Realty Holdings V LP	6,085,198	13,850,000	fund discretion	fund discretion	N/A
Encap Energy Capital Fund XI C LP	5,931,245	932,749	fund discretion	fund discretion	N/A
Brightstar Capital Fund II A Partners LP	5,839,327	1,842,178	fund discretion	fund discretion	N/A
Affinity Asia Pacific Fd V (No.2) LP	5,756,652	2,800,821	fund discretion	fund discretion	N/A
Lead Edge Capital VI	5,607,935	4,275,139	fund discretion	fund discretion	N/A
American Securities Ptrns VII VII LP	5,565,972	565,901	fund discretion	fund discretion	N/A
Northern Shipping Fund IV LP.	5,391,245	981,825	fund discretion	fund discretion	N/A
GGV Capital Select LP	5,306,687	315,000	fund discretion	fund discretion	N/A
Thompson Street CP IV, LP	5,227,766	334,513	fund discretion	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value 2024	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Accel KKR Capital Partners V	5,083,623	930,171	fund discretion	fund discretion	N/A
H.I.G Europe Middle Market LBO LP	5,000,699	2,532,391	fund discretion	fund discretion	N/A
Calera Capital Partners V (Cayman) AIV I, LP	4,944,967	611,250	fund discretion	fund discretion	N/A
GGV Capital VIII LP	4,883,429	1,696,000	fund discretion	fund discretion	N/A
HIG Europe Cap III Feeder LP Capital Partners Fund	4,773,060	3,728,869	fund discretion	fund discretion	N/A
Great Hill Eq Prtns V LP	4,754,357	10,352	fund discretion	fund discretion	N/A
Greywolf Cap Overseas Fd II LP	4,549,350	-	Quarterly fund discretion	fund discretion	N/A
GGV Capital VI LP	4,328,827	42,000	fund discretion	fund discretion	N/A
Lovell Minnick Partners IV LP	4,296,043	533,110	fund discretion	fund discretion	N/A
Avalon Bioventures I LP	4,257,795	6,371,881	fund discretion	fund discretion	N/A
Actis Energy 4 A LP	4,252,436	16,802,000	fund discretion	fund discretion	N/A
Encap Flatrock Midstream Fd IV C LP	4,070,420	743,525	fund discretion	fund discretion	N/A
Trustbridge Partners V, LP	4,065,981	172,159	fund discretion	fund discretion	N/A
Atalaya (Blue Owl) Special Opp Fd VII LP	4,063,159	485,128	fund discretion	fund discretion	N/A
Merit Energy Partners I LP	3,748,107	-	fund discretion	fund discretion	N/A
SSG Secured Lending Opp II LP	3,727,816	2,511,146	fund discretion	fund discretion	N/A
Marmor Co Investment, LP	3,574,841	-	fund discretion	fund discretion	N/A
The Column Group Opp Fund III LP	3,262,532	205,756	fund discretion	fund discretion	N/A
NB Real Estate Sec Opp Off II	3,228,040	12,056,250	fund discretion	fund discretion	N/A
The Column Group II LP	3,128,873	34,981	fund discretion	fund discretion	N/A
New Mountain Partners IV, LP	3,070,197	1,286,470	fund discretion	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value 2024	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Stockbridge Value Fund III LP	2,945,429	1,602,817	fund discretion	fund discretion	N/A
Avalon Ventures XI LP	2,722,826	264,802	fund discretion	fund discretion	N/A
Canvas Distressed II LP Credit Fund	2,683,315	10,897,694	fund discretion	fund discretion	N/A
Great Hill Equity VIII LP Partners	2,657,172	3,167,125	fund discretion	fund discretion	N/A
CRV XIX	2,441,798	2,262,500	fund discretion	fund discretion	N/A
GGV Discovery III LpP	2,438,078	1,035,000	fund discretion	fund discretion	N/A
Encap Energy Capital Fund X Partnership	2,333,426	193,482	fund discretion	fund discretion	N/A
GGV Capital VII Plus LP	2,302,151	50,000	fund discretion	fund discretion	N/A
2024 Total	1,107,529,421	326,204,526			
Excluded from Table **	17,144,591	31,732,630			
Total 2024 Investments at NAV	<u>\$1,124,674,012</u>	<u>357,937,156</u>			

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value * 2023	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Simplex Value UP	\$70,327,227	\$ -	monthly	none	90 days
Black River Fix Inc Relative Limited Partnership	58,906,658	-	quarterly fund discretion	up to 100% if \$ redeemed does not exceed 10% of NAV	60 days
K1 Special Opportunities Fund LP	34,088,960	326,579	discretion	fund discretion	N/A
Waha Mena Equity Fund Class A Class A Series 1 Venor Capital Offshore E Venor Capital Offshore E30314	32,676,486	-	monthly	none	15 days
Acadian Emerging Mkt Micro FD LLC	29,742,890	-	quarterly	up to 25%	90 days
AEW Core Property Trust US Inc Limited Partnership	26,140,958	-	monthly	none	30 days
Andean Social Infrastructure Fund 1 LP	24,820,791	-	quarterly fund discretion	fund discretion	45 days
Anchorage Capital Group VI	24,356,671	8,459,508	discretion fund discretion	fund discretion	N/A
K4 Private Investors LP	23,155,124	4,050,000	discretion fund discretion	fund discretion	N/A
Standard General Off Fund II Tranche F2 Shares 2021/06	22,399,051	978,799	discretion	fund discretion	N/A
Anchorage Illi Oppo Offs VII B LP	22,292,361	-	quarterly fund discretion	up to 25%	90 days
ABAX Asian Strd Fd III LP	21,971,260	750,000	discretion fund discretion	fund discretion	N/A
Greywolf Distressed LP Opportunities Overseas Fund	21,482,226	13,343,007	discretion fund discretion	fund discretion	N/A
NB Secondary Opp Fund IV LP	21,196,253	-	discretion fund discretion	fund discretion	N/A
	20,368,021	7,739,166	discretion	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value * 2023	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
SOHO Square Feeder Fund III SCSP	19,122,263	1,600,640	fund discretion	fund discretion	N/A
Mgg SF Drawdown Unlevered Fund	18,995,927	6,733,980	fund discretion	fund discretion	N/A
Trustbridge Partners VI, LP	17,806,854	6,492	fund discretion	fund discretion	N/A
TCG Crossover Fund I LP	17,400,148	3,834,301	fund discretion	fund discretion	N/A
WCP Homebuilder Inve Sol GP LLC	16,660,486	4,620,000	fund discretion	fund discretion	N/A
Canvas Distressed Credit LP Fund LP	15,842,374	5,800,000	fund discretion	fund discretion	N/A
New Mountain Partners V LP	15,405,735	1,460,147	fund discretion	fund discretion	N/A
Balderton Capital VI SLP LP	14,699,059	159,988	fund discretion	fund discretion	N/A
H.I.G Advantage Buyout Fund LP	14,288,821	4,340,200	fund discretion	fund discretion	N/A
NB Real Estate Sec Opp Off Fund LP	13,959,544	5,201,421	fund discretion	fund discretion	N/A
SG Special Situations Fund LP	13,909,581	8,941,557	fund discretion	fund discretion	N/A
Albacore Partners III Feeder Fund	13,742,230	4,617,465	fund discretion	fund discretion	N/A
NB Secondary Opp Fund V LP	13,438,660	22,932,496	fund discretion	fund discretion	N/A
Balderton Capital VII SLP	12,733,187	585,270	fund discretion	fund discretion	N/A
Actis Energy 5 A LP	12,714,292	28,181,840	fund discretion	fund discretion	N/A
Matador Film Part LP	12,671,120	-	fund discretion	fund discretion	
Stockbridge Value Fund IV	12,518,898	2,877,224	fund discretion	fund discretion	N/A
Taconic EUR Credit Dis Off Fun LP	12,476,314	3,875,000	fund discretion	fund discretion	N/A
Marmor Co Investment, LP	12,167,252	-	fund discretion	fund discretion	N/A
Actis Asia Real Estate 2	12,132,546	9,832,420	fund discretion	fund discretion	N/A
Great Hill Equity Partners VI	11,850,897	2,842,400	fund discretion	fund discretion	N/A
Oaktree Opportunities FD XB (Cayman) LP	11,364,220	2,500,000	fund discretion	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value * 2023	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
AG Asia Realty Holdings IV, LP	11,270,825	5,216,091	fund discretion	fund discretion	N/A
Taconic Opp Off Fund Ltd UU2 Nr Ser 92514	10,836,758	-	monthly fund discretion	up to 25%	60 days
DFJ Growth III LP	10,803,490	98,000	fund discretion	fund discretion	N/A
Marquee Brands Cayman Fd II LP	10,643,018	41,304	fund discretion	fund discretion	N/A
DN Capital Global Venture V Capital	10,623,930	2,683,516	fund discretion	fund discretion	N/A
SASOF Offshore V LP	10,588,767	5,997,528	fund discretion	fund discretion	N/A
Laguna Bay Agriculture Fund 1 LP	10,218,427	(375,683)	fund discretion	fund discretion	N/A
Xponance Diverse Opportunities Fund	10,112,280	4,374,046	fund discretion	fund discretion	N/A
New Mountain Partners VI LP	10,045,968	2,301,501	fund discretion	fund discretion	N/A
Ggv Capital VII LP	9,847,736	400,000	fund discretion	fund discretion	N/A
Greywolf Opportunities Offshore II	9,836,100	11,000,000	quarterly fund discretion	up to 25%	75 days
US Farming Rlty Trust III LP	9,764,729	-	fund discretion	fund discretion	N/A
K3 Private Investors LP	9,568,711	1,358,907	fund discretion	fund discretion	N/A
MGG SF Drawdown Fund III LP Unlevered Fund Sub Red	9,425,290	1,250,057	fund discretion	fund discretion	N/A
Grain Spectrum Holdings III (Cayman) LP	9,400,564	875,797	fund discretion	fund discretion	N/A
Balderton Cap Growth I SLP	9,371,346	3,238,924	fund discretion	fund discretion	N/A
Balderton Capital SFI SLP	9,220,275	298,162	fund discretion	fund discretion	N/A
H.I.G. Middle Market LBO III LP	9,190,739	1,586,506	fund discretion	fund discretion	N/A
Stockbridge Value Fund III LP	9,106,068	1,602,817	fund discretion	fund discretion	N/A
GGV Discovery II LP	9,060,959	175,000	fund discretion	fund discretion	N/A
Great Hill Equity VII LP Partners	8,954,960	2,478,966	fund discretion	fund discretion	N/A
NB Secondary Opportunities Fund III LP	8,932,489	7,813,373	fund discretion	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value * 2023	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Merit Energy Partners J, LP	8,815,947	-	fund discretion	fund discretion	N/A
The Column Group III A, LP	8,586,848	298,776	fund discretion	fund discretion	N/A
DBL Partners III	8,150,287	-	fund discretion	fund discretion	N/A
Sasof Offshore IV LP	7,753,459	14,312,762	fund discretion	fund discretion	N/A
ENCAP Energy Capital Fund XI C LP	7,666,604	759,561	fund discretion	fund discretion	N/A
Marquee Brands Cayman Fd LpP	7,640,791	3,925,806	fund discretion	fund discretion	N/A
Northern Shipping Fund IV LP	7,470,190	2,461,684	fund discretion	fund discretion	N/A
Merit Energy Partners K L	7,431,236	4,753,325	fund discretion	fund discretion	N/A
American Securities Ptrns VII LP	7,322,964	567,554	fund discretion	fund discretion	N/A
Lynstone Special Situations II Fund	7,304,023	13,876,737	fund discretion	fund discretion	N/A
ABAX Asian Structured Private Credit Fund 2022	6,990,269	660,929	fund discretion	fund discretion	N/A
Avalon Ventures XI LP	6,977,538	305,007	fund discretion	fund discretion	N/A
K5 Private Investors LP	6,962,324	5,398,144	fund discretion	fund discretion	N/A
Thompson Street CP IV, LP	6,902,749	354,324	fund discretion	fund discretion	N/A
DFJ Growth 2013, LP	6,658,841	-	fund discretion	fund discretion	N/A
Accel KKR Capital VI LP Partners LP	6,288,962	711,019	fund discretion	fund discretion	N/A
Calera Capital Partners V (Cayman) AIV I, LP	6,204,279	907,198	fund discretion	fund discretion	N/A
DFJ Growth IV LP	6,037,528	2,216,000	fund discretion	fund discretion	N/A
Brightstar Capital Fund II A Partners Fund II A, LP	5,978,513	1,795,399	fund discretion	fund discretion	N/A
Atalaya Special Opp Fd VII LP	5,926,324	485,128	fund discretion	fund discretion	N/A
Navis Asia Fund VII, LP	5,887,097	403,440	fund discretion	fund discretion	N/A
Actis Energy 4 A LP	5,819,754	16,374,051	fund discretion	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value * 2023	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
GGV Capital Select LP	5,632,792	315,000	fund discretion	fund discretion	N/A
SSG Secured Lending Opp II LP	5,580,649	7,419,121	fund discretion	fund discretion	N/A
GGV Capital VI LP	5,222,701	42,000	fund discretion	fund discretion	N/A
Greywolf Cap Overseas Fd II LP	4,787,455		quarterly fund discretion	up to 25%	74 days
Trustbridge Partners V, LP	4,716,456	88,495	fund discretion	fund discretion	N/A
Balderton Capital VIII S LP	4,709,577	4,600,471	fund discretion	fund discretion	N/A
Affinity Asia Pacific Fd V (No.2) LP	4,572,123	3,832,895	fund discretion	fund discretion	N/A
Merit Energy Partners I LP	4,563,742	-	fund discretion	fund discretion	N/A
Accel KKR Capital Partners V	4,521,808	1,122,700	fund discretion	fund discretion	N/A
Dbl Partners IV, LP	4,461,568	2,394,000	fund discretion	fund discretion	N/A
GGV Capital VIII LP	4,456,883	2,336,000	fund discretion	fund discretion	N/A
Canvas Distressed II LP Credit Fund	4,313,899	9,880,369	fund discretion	fund discretion	N/A
Ponoi Capital, LP	4,287,079	-	fund discretion	fund discretion	N/A
Lovell Minnick Partners IV LP	4,129,700	533,110	fund discretion	fund discretion	N/A
New Mountain Partners IV, LP	3,864,066	847,887	fund discretion	fund discretion	N/A
Great Hill Eq Prtns V LP	3,852,743	1,800,000	fund discretion	fund discretion	N/A
Encap Flatrock Midstream Fd IV C LP	3,426,847	1,377,724	fund discretion	fund discretion	N/A
The Column Group Opp Fund III LP	3,413,385	3,011,382	fund discretion	fund discretion	N/A
H.I.G. Middle Market LBO Fund IV, LP	3,385,663	8,325,000	fund discretion	fund discretion	N/A
The Column Group II LP	3,369,159	128,149	fund discretion	fund discretion	N/A
H.I.G Europe Middle Market LBO LP	3,285,036	6,298,095	fund discretion	fund discretion	N/A
Lead Edge Capital VI	3,228,782	5,630,805	fund discretion	fund discretion	N/A

Hartford HealthCare Pension Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value (continued)

	Fair Value * 2023	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Starwood Opportunity Fd X U.S. LP	2,849,591	1,500,000	fund discretion	fund discretion	N/A
NB Real Estate Sec Opp Off II	2,748,859	12,251,141	fund discretion	fund discretion	N/A
ENCAP Energy Capital Fund X Partnership	2,728,124	1,020,871	fund discretion	fund discretion	N/A
GGV Capital VII Plus LP	2,436,496	50,000	fund discretion	fund discretion	N/A
GGV Discovery III LP	2,318,963	1,350,000	fund discretion	fund discretion	N/A
Avalon Bioventures I LP	2,100,400	7,363,512	fund discretion	fund discretion	N/A
SMG Feeder Fund III LP Series 2021/04	1,821,160	-	fund discretion	fund discretion	N/A
2023 Total	1,252,211,006	363,090,282			
Excluded from table **	17,215,649	56,922,537			
Total 2023 Investments at NAV	<u>\$1,269,426,655</u>	<u>\$420,012,819</u>			

* The fair values of the investment have been estimated using the net asset value of the investment as a practical expedient.

** The fair value and cumulative unfunded commitments of the investments recorded at NAV measured at fair value as a practical expedient not included in the tables above is \$17,144,591 and \$31,732,630, respectively, as of December 31, 2024 and \$17,215,649 and \$56,922,537, respectively, as of December 31, 2023. These amounts are not considered material to the financial statements.

Hartford HealthCare Pension Plan Notes to Financial Statements (continued)

7. Income Tax Status

The Plan obtained a determination letter from the Internal Revenue Service (IRS) dated June 21, 2021, which stated that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions and the Plan is currently being audited by the U.S. Department of Labor. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

8. Risks and Uncertainties

The Master Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process it is at least reasonably possible that changes in these estimates and assumptions in the near term will be material to the financial statements.

9. Party-in-Interest and Related Party Transactions

Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption applied. State Street Bank and Trust Company, trustee of the Master Trust assets as of December 31, 2024 and 2023 and for the years then ended, is a fiduciary as defined by ERISA. Transactions with the fiduciaries qualify as party-in-interest. All transactions with the trustees are covered by an exemption from the "prohibited transactions" provisions of ERISA and the Internal Revenue Code.

10. Subsequent Events

The Plan has evaluated events occurring between December 31, 2024 and September 24, 2025, the date the financial statements were available to be issued.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Hartford HealthCare Pension Plan	B Three-digit plan number (PN) ▶	011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hartford HealthCare Corporation	D Employer Identification Number (EIN) 22-2672834	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:		
a Market value	2a	1,855,937,944
b Actuarial value	2b	1,933,812,128

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	7,301	1,030,961,806	1,030,961,806
b For terminated vested participants	3,730	240,030,634	240,030,634
c For active participants	3,833	444,104,080	445,019,229
d Total	14,864	1,715,096,520	1,716,011,669

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 5.08%

6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	4,600,000
c Target normal cost	6c	4,600,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Jennifer S Collier Signature of actuary	<u>10/01/2025</u> Date
	<u>Jennifer S Collier</u> Type or print name of actuary	<u>2305680</u> Most recent enrollment number
	<u>Willis Towers Watson US LLC</u> Firm name	<u>617-638-3700</u> Telephone number (including area code)
	<u>75 Arlington Street</u> <u>Floor 2</u> <u>Boston MA 02116</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15,747,957
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	15,747,957
10	Interest on line 9 using prior year's actual return of <u>5.25%</u>	0	826,768
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	16,574,725

Part III		Funding Percentages	
14	Funding target attainment percentage	14	111.72%
15	Adjusted funding target attainment percentage	15	112.68%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.84%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59% <input type="checkbox"/> N/A, full yield curve used
b	Applicable month (enter code).....			21b 4
22	Weighted average retirement age			22 63
23	Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26	Demographic and benefit information			
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28	Unpaid minimum required contributions for all prior years			28 0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c).....			31a 4,600,000
b	Excess assets, if applicable, but not greater than line 31a			31b 4,600,000
32	Amortization installments:		Outstanding Balance	Installment
a	Net shortfall amortization installment		0	0
b	Waiver amortization installment		0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
35	Balances elected for use to offset funding requirement	0	0	0
36	Additional cash requirement (line 34 minus line 35).....			36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 0
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)			38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40	Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

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Schedule SB – Statement by Enrolled Actuary

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Enrolled Actuary	Jennifer S. Collier
Enrollment Number	23-05680

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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Schedule SB, Part V Summary of Plan Provisions

Merged Prior Plans

Prior Plan List

- The following prior plans were merged with The Retirement Plan for Employees of Hartford Hospital effective January 1, 2017 to create the Hartford HealthCare Pension Plan:
 - Retirement Plan for Employees of Bradley Memorial Hospital and Health Center, Inc.
 - New Britain General Hospital Amended and Restated Pension Plan
 - MidState Medical Center Retirement Plan
 - VNA Healthcare Incorporated Cash Balance Pension Plan
 - The Retirement Income Plan for Employees of The William W. Backus Hospital
 - Retirement Plan for Employees of Windham Community Memorial Hospital
- The Natchaug Hospital Amended & Restated Pension Plan for Hospital and Health Care Employees merged into the Hartford HealthCare Pension Plan effective September 30, 2017.
- The Charlotte Hungerford Hospital Retirement Plan merged into the Hartford HealthCare Pension Plan effective September 30, 2018.

Plan Sponsor Hartford HealthCare

Plan Year January 1 – December 31

Effective Date The prior Retirement Plan for Employees of Hartford Hospital was most recently amended and restated effective January 1, 2014. The Retirement Plan for Employees of Hartford Hospital was renamed the Hartford HealthCare Pension Plan effective January 1, 2017. The prior plans were merged into the Hartford HealthCare Pension Plan as of the dates described above. The Plan was most recently

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amended in September, 2019 to provide a temporary lump sum benefit to certain terminated vested participants.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Years

There have been no changes in benefits valued since the prior year.

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Summary of Prior Plan Provisions – Retirement Plan for Employees of Bradley Memorial Hospital and Health Center, Inc.

Plan Provisions

Eligibility	All employees hired or rehired by Bradley Memorial Hospital prior to January 1, 2006 after completion of one year of Eligibility Service.
Plan Status	The plan is closed to new participants as of January 1, 2006. Plan benefits are frozen effective January 1, 2016.

Definitions

Years of benefit service	A Plan Year in which 1,000 or more Hours of Service are completed. Years of Benefit Service is maximized at 35 years (30 years for termination or retirement prior to February 1, 2002).
Year of vesting service	A Plan Year in which 1,000 or more Hours of Service are worked.
Normal retirement date	For employees hired on or after January 1, 1988 the later of the first day of the month coincident with or next following age 65 or upon completion of 5 years of plan participation.
Primary Social Security benefit	Annual benefit under Title II of the Social Security Act as in effect at time of termination.
Normal retirement benefit	Benefit accruals were frozen effective January 1, 2016. Normal retirement benefit (A – B) * C A) 1.33% of average annual earnings for the consecutive 5 years in which earnings are the highest out of the last 10 years of employment times years of benefit service assuming continuation of employment to Normal Retirement Date with the Hospital (maximum of 35 years) minus B) 25% of Primary Social Security benefit times years of benefit service assuming continuation of employment to Normal Retirement Date (maximum of 35 years) divided by 35 times C) years of benefit service with the Hospital divided by years of benefit service assuming continuation of employment to Normal Retirement Date.

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Actuarial equivalence	UP-1984 Mortality, ages set back two years for participants and five years for beneficiaries, 7.0% interest.
Accrued benefit	Normal Retirement Benefit based on Average Monthly Earnings at date of determination and Credited Service projected to Normal Retirement Date, times a fraction of years of Credited Service to date of determination over years of Credited Service to Normal Retirement Date.
Vested benefit	100% vested upon completion of 5 years of Vesting Service.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement prior to NRD, with age 54 and 5 or more years of vesting service.
Late retirement	Any participant who remains in active employment beyond NRD is eligible to receive a pension as of Late Retirement Date.
Vested termination	5 or more years of service.
Preretirement death	5 or more years of service.

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit determined as of NRD.
Early retirement	<p>The amount of benefit is computed as for normal retirement, based on the employee's five-year average earnings and credited service as of Early Retirement Date. The benefit is payable in full at Normal Retirement Date, or in a reduced amount if the date benefits commence precedes Normal Retirement Date. The benefit commencement is Early Retirement Date or any month thereafter up to Normal Retirement Date.</p> <p>Reductions are as follows:</p> <p>1/180th for each of the first 60 months early plus 1/360th for each of the next 60 months and actuarially for any additional months by which Early Retirement Date precedes Normal Retirement Date.</p>
Late retirement	<p>The late retirement benefit is an amount equal to the greater of (i) and (ii) below:</p> <p>(i) The actuarial equivalent of the accrued benefit determined as of the participant's Normal Retirement Date, and</p>

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- (ii) The accrued benefit determined as of the participant's Late Retirement Date.

Vested termination The amount of benefit is computed as for normal retirement computed as of date of termination.

Benefit commences on Normal Retirement Date, or by election as early as age 54.

Reductions are as follows:

1/180th for each of the first 60 months early plus 1/360th for each of the next 60 months and actuarially for any additional months by which Early Retirement Date precedes Normal Retirement Date.

Preretirement death For a married participant who dies after attaining age 54 and has completed 5 Years of Vesting Service (eligible for Early Retirement), spouse is entitled to pension which would have been payable if participant had retired immediately before his death, having elected 50% Joint and Survivor Option.

For a married participant not eligible for early retirement, the death benefit payable to the spouse is calculated as if the participant had terminated on the first day of the calendar month coincident with or next following the date of his or her death, survived to his or her earliest retirement date, elected a 50% Qualified Joint and Survivor Annuity on the earliest date on which benefits could be paid, and died the following day. As a minimum death benefit, the death benefit of a married participant shall not be less than that of an unmarried participant.

For an unmarried participant, the death benefit payable to the beneficiary of the participant shall be the Actuarial Equivalent value of ten years of payments.

Other Provisions

Forms of payment Normal form: Participant's annuity is payable for life. A married participant will automatically be paid an actuarially reduced benefit with 50% continuing to the surviving spouse, unless the participant elects an alternative form of payment.

Optional forms of payment: Single Life Annuity, 50%, 75%, or 100% Contingent Annuity, Certain and Life Annuity with certain period of 60, 120, or 180 months.

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Summary of Prior Plan Provisions – New Britain General Hospital Amended and Restated Pension Plan

Plan Provisions

Eligibility	All employees hired or rehired by New Britain General Hospital prior to January 1, 2006 after completion of one-year of Eligibility Service.
Plan Status	The plan is closed to new participants as of January 1, 2006. Plan benefits are frozen effective January 1, 2016.

Definitions

Normal retirement date (NRD)	Age 65 with 5 years of service.
Accrued benefit	Benefit accruals were frozen effective January 1, 2016. 1% of final five-year average earnings, plus 1/2% of the excess, if any, of final five-year average earnings in excess of \$7,200, the sum multiplied by the number of years of credited service, up to a maximum of 40 years.
Actuarial equivalence	UP-1984 Mortality, ages set back three years, 7.5% interest.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement prior to NRD, with age 55 and 5 or more years of credited service (10 years of credited service before January 1, 1999).
Late retirement	Any participant who remains in active employment beyond NRD is eligible to receive a pension as of Late Retirement Date.
Disability retirement	Total and permanent disability prior to January 1, 2004 and completion of 10 or more years of credited service.
Vested termination	5 or more years of service.
Preretirement death	5 or more years of service, and married for at least one year.

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Benefits Paid Upon the Following Events

Normal retirement	Benefit as of NRD, commencing as of the last day of the month coincident with or next following attainment of Normal Retirement Age
Early retirement	<p>The amount of benefit is computed as for normal retirement, based on the employee's five-year average earnings and credited service as of Early Retirement Date. The benefit is payable in full at Normal Retirement Date, or in a reduced amount if the date benefits commence precedes Normal Retirement Date. The benefit commencement is Early Retirement Date or any month thereafter up to Normal Retirement Date.</p> <p>Reductions are as follows:</p> <p>5/9% for each of the first 60 months early plus 5/18% for each month in excess of 60 months by which Early Retirement Date precedes Normal Retirement Date.</p>
Late retirement	The amount of benefit is computed as for normal retirement as of the Late Retirement Date, commencing last day of the month coincident with or next following actual retirement date.
Disability retirement	The amount of benefit is computed as for normal retirement as of date of disability, but with a minimum amount of credited service equal to 70% of the participant's expected credited service at age 65. Benefit commences following the commencement of Social Security Disability Benefits.
Vested termination	<p>The amount of benefit is computed as for normal retirement computed as of date of termination. Commencing: last day of the month coincident with or next following Normal Retirement Date, or by election as early as age 55, if the participant had completed 10 or more years of service as of date of termination. Reduced for early commencement as provided in 4(d).</p> <p>Benefit commences the last day of the month coincident with or next following Normal Retirement Date, or by election as early as age 55, if the participant had completed 10 or more years of service as of date of termination.</p>

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Preretirement death

For a married participant who dies after meeting the requirements for a Normal or Late Retirement Benefit, the spouse is entitled to a pension which would have been payable if the participant had retired immediately before his death, having elected 100% Joint and Survivor Option.

For a married participant who dies after attaining age 55 and has completed 5 Years of Vesting Service (eligible for Early Retirement), spouse is entitled to pension which would have been payable if participant had retired immediately before his death, having elected 50% Joint and Survivor Option.

For a married participant not eligible for early retirement, the death benefit payable to the spouse is calculated as if the participant had terminated on the first day of the calendar month coincident with or next following the date of his or her death, survived to his or her earliest retirement date, elected a 50% Qualified Joint and Survivor Annuity on the earliest date on which benefits could be paid, and died the following day. As a minimum death benefit, the death benefit of a married participant shall not be less than that of an unmarried participant.

Benefit commences the first day of the month coincident with or next following date of death, or earliest retirement date if later.

Other Provisions

Forms of payment

For single participants, the normal form of payment is a life annuity. For married participants, the benefit is automatically reduced and payable as a 50% joint and survivor annuity, unless a life annuity or other optional form is elected with spousal consent.

Optional forms of benefit payments are available on an actuarially equivalent basis, subject to spouse consent requirements:

- 50%, 75%, or 100% joint and survivor annuity
- 5- and 10-year certain and continuous

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Summary of Prior Plan Provisions – The Retirement Plan for Employees of Hartford Hospital

Plan Provisions

Covered Employees	All regular employees of Hartford Hospital, excluding students, residents, interns or private duty nurses
Participation Date	First of month coinciding with or next following age 21 and the completion of 12 months of employment with at least 1,000 hours, but not earlier than October 1, 1994 for Institute of Living employees
Plan Status	The plan is closed to new participants as of January 1, 2010 Plan benefits are frozen effective January 1, 2016. Participants continue to earn interest credits on their Cash Balance Account.

Definitions

Vesting service	One year for each calendar year in which an employee has completed 1,000 or more hours of service
Credited service	One year for each plan year beginning on participation date in which participant completed at least 1,000 hours of service. For plan years of partial employment, a fractional year of credited service is earned if participant is working at a rate of 1,000 hours or more per year.
Pensionable pay	W-2 earnings plus 403(b) and 125 salary deferrals, excluding lump sum terminal pay.
Average earnings	The annual average of the highest 60 consecutive months of pensionable pay during the 120-month period ending on the earlier of the participant's termination date or retirement date.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65. For employees hired after age 60, the earlier of the January 1 following the completion of 5 years of vesting service and the fifth anniversary of participation date.
Prior Plan Benefit	The prior plan benefit applies to participants who were at least age 50 as of December 31, 1998. The prior plan benefit is equal to 2% of Average Earnings multiplied by years of Credited Service up to 25.

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Actuarial Equivalent	For purposes of determining lump sum values of Prior Plan Benefits, the required interest rate and mortality assumptions under IRC Section 417(e) and 3.0% cost-of-living adjustment. The interest rate for a plan year is based on the segment interest rates released in December for November of the prior year. For all other purposes, UP-1984 Mortality, ages set back two years for participants and five years for beneficiaries, 7.5% interest.
Accrued Benefit	<p>For participants eligible for the Prior Plan Benefit, the Accrued Benefit is the greater of the Cash Balance Account and the Actuarial Equivalent of the Prior Plan Benefit expressed as a lump sum.</p> <p>For all other participants, the Accrued Benefit is the participant's Cash Balance Account. In no event shall the Cash Balance Account be less than the Actuarial Equivalent, expressed as a lump sum, of the accrued benefit calculated as of December 31, 1998, based on plan provisions in effect at that time.</p>
Pay Credit	Effective January 1, 2016, the plan is frozen and participants will not receive additional pay credits.
Match Credit	Effective January 1, 2016, the plan is frozen and participants will not receive a match credit.
Interest Credit	Effective January 1, 2017, the annual rate of interest earned on a participant's cash balance account equal to the average yield on the 1-year Treasury Bill constant maturity rate for the month of August in the preceding plan year plus 1%. In no event shall the interest credit be less than 5.00%.
Opening Account Balance	Single Actuarial Equivalent sum of the participant's December 31, 1998, accrued benefit as calculated using the plan provisions in effect at that time.
Cash Balance Account	Sum of pay credits, match credits, interest credits and opening account balance (if applicable).
Cost of Living Adjustment	<p>Cost of living adjustments will be based on the Consumer Price Index. The adjustment for each Plan Year will be determined by dividing the Consumer Price Index for the month of September preceding the beginning of the Plan Year by the Consumer Price Index for the month of September prior to the immediately preceding Plan anniversary, rounded to the nearest one-tenth of one percent (1/10 of 1%).</p> <p>No annual percentage increase or decrease will exceed 3%, and no decrease may reduce the retiree's benefit below the amount originally paid.</p>

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Preretirement Death Benefit	The Preretirement Death Benefit is equal to 100% of the Cash Balance Account, but not less than (i) or (ii) below, if applicable. (i) The Actuarial Equivalent of 50% of any Prior Plan Benefit the participant would have received if he had retired at the time of death and chosen 50% Joint and Survivor Annuity option. (ii) If the participant has ten or more years of vesting service, the Actuarial Equivalent of 60% of any Prior Plan Benefit, reduced by ½% for each full year that the spouse is more than five years younger than the participant.
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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing three years of vesting service
Preretirement death benefit	Death while eligible for deferred vested, early, normal or postponed retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit determined as of NRD.
Early retirement	For participants eligible for the Prior Plan Benefit and who have elected a lump sum, the greater of (i) or (ii) below: (i) 100% of the Cash Balance Account (ii) Actuarial Equivalent of the Prior Plan Benefit For participants eligible for the Prior Plan Benefit and who have elected a life annuity, the greater of (i) or (ii) below: (i) Actuarial Equivalent of the Cash Balance Account expressed as life annuity (ii) Prior Plan Benefit reduced 4% for each year that early retirement precedes NRD if the participant has attained age 55 and has completed at least 10 years of Vesting Service. Otherwise, the Actuarial Equivalent of the Prior Plan Benefit expressed as a life annuity.

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	For all other participants, the Accrued Benefit.
Postponed retirement	Accrued Benefit determined as of actual retirement date.
Termination with Deferred Vested Benefit	Accrued Benefit determined as of date of termination. If the participant elects to defer the commencement of his benefit, then the Cash Balance Account, if applicable, will continue to be credited with interest credits until actual benefit commencement.
Preretirement death	Preretirement Death Benefit is payable.

Other Plan Provisions

Forms of payment	<p>For single participants, the normal form of payment is a life annuity. For married participants, the benefit is automatically reduced and payable as a 50% joint and survivor annuity, unless a life annuity or other optional form is elected with spousal consent.</p> <p>Optional forms:</p> <ul style="list-style-type: none">• Lump sum• 50%, 75%, or 100% joint and survivor annuity
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Prior Plan Provisions – Midstate Medical Center Retirement Plan

Plan Provisions

Covered Employees	All employees of the Hospital hired on or before December 31, 2005 who are employed on December 31, 2005 and effective January 1, 2006, who is a Participant of the plan on December 31, 2005, vested in his or her benefit under the plan as of December 31, 2005 and who has not elected pursuant to the “choice” program to end his or her participation in the Plan to begin participation in the 403(b) Retirement Account Plan.
Participation Date	January 1 following the attainment of age 20-1/2 and the completion of 6 months of service. Former World War II Veterans’ Memorial Hospital employees became participants on January 10, 1991.
Plan Status	Effective December 31, 2012 benefit accruals are frozen for all participants and the plan is closed.

Definitions

Vesting service	One year for each calendar year in which an employee is credited with 1,000 or more hours of service. For former World War II Veterans’ Memorial Hospital employees, service earned prior to January 10, 1991 is counted for vesting purposes.
Credited service	One year for each calendar year in which an employee is credited with 1,000 or more hours of service. Prior service with the former World War II Veterans’ Memorial Hospital is excluded from credited service.
Pensionable pay	Base pay excluding any overtime, shift differential, bonus, or other kinds of remuneration.
Average earnings	The average of the highest three consecutive calendar years of pensionable pay while employed at the Medical Center or at the World War II Veterans’ Memorial Hospital.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service

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Monthly pension benefit	Benefit accruals were frozen effective January 1, 2016. The greater of (a) and (b), minus (c), calculated at the earlier of termination date and December 31, 2012. <ul style="list-style-type: none">a. 1.5% of Average Earnings multiplied by Credited Service.b. \$72 multiplied by Credited Service.c. Benefit from the National Pension Fund for Hospital and Health Care Employees, if applicable.
Monthly preretirement death benefit	100% of the monthly pension benefit as of the date of death, reduced for the 100% joint and survivor election and reduced for early payment.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year of payment before the participant's NRD to age 60, then 4.0% for each year to age 55.
Postponed retirement	The determination of the monthly benefit is the greater of 1) the amount of annual retirement income accrued to the determination date based on the participant's credited service and earnings, or 2) the amount determined as of the previous determination date, adjusted by the appropriate late retirement adjustment factor.

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Vested termination	Monthly pension benefit determined as of termination date, reduced 6.0% for each year of payment before the participant's NRD to age 60, then 4.0% for each year to age 55.
Preretirement death	Monthly preretirement spouse benefit determined as of date of death.

Other Plan Provisions

Forms of payment	Monthly pension benefits will be paid as life annuities, if the participant has no spouse as of the date payments commence, or if the participant so elects. Otherwise, benefits are paid in the form of 100% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms include a 66-2/3% or 50% joint and survivor annuity, a Social Security level-income annuity, or (for married participants) a life annuity. Actuarial equivalence is based on UP-1984 Mortality and 7% interest.
Pension Increases	After participants attain age 65, monthly annuities are increased 3% biannually for participants who terminate or retire after January 10, 1991.
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective

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Summary of Prior Plan Provisions – Natchaug Hospital Amended & Restated Pension Plan for Hospital and Health Care Employees

Plan Provisions

Covered employees	All employees of Natchaug Hospital, represented by New England Health Care Employees Union District 1199, SEIU, AFL-CIO.
Participation date	First day of the month coinciding with or next following completion of one year of service with at least 1,000 hours
Plan status	Effective September 30, 2017 benefit accruals are frozen for all participants and the plan is closed.

Definitions

Vesting service	One year for each plan year in which employee has completed 1,000 or more hours of service plus the first plan year during which employee has an hour of service
Credited service	Total service in years and months (crediting one month for each whole or partial month). Former Servicemaster employees who are active on October 1, 1998 will receive 50% of their service earned with Servicemaster prior to their September 1991 hire date by Natchaug Hospital.
Credited past service	From date of hire to October 1, 1983. Total service in years and months crediting one month for each whole or partial month.
Credited future service	From the later of date of hire or October 1, 1983. Total service in years and months crediting one month for each completed month.
Pay (plan salary)	
- Past service pay	Annualized rate of base pay prior to October 1, 1983. For all periods prior to October 1, 1978, the rate as of October 1, 1978 is used.
- Regular pay	Total pay in a plan year, excluding overtime, on-call pay, commissions, bonuses, and gratuities.
Average final pay	The annual average of the highest 5 consecutive years of regular pay during the 10-year period ending on the earlier of the participant's termination date or retirement date.
Normal retirement date (NRD)	First of month coinciding with or next following the later of the attainment of age 65 and the fifth anniversary of participation.

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Accrued benefit

The monthly benefit is the sum of (1), (2), and (3), as follows:

- (1) The greater of \$66 or 1.50% of past service pay multiplied by credited past service
- (2) 1.45% of average final pay multiplied by credited future service, for service up to and including 9/30/1999
- (3) 1.60% of average final pay multiplied by credited future service, for service on or after 10/1/1999

Benefit accruals are frozen effective 10/1/2017.

Vesting schedule:

Years of Vesting Service	Percent Vested
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7	100%

Preretirement death benefit

Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected early retirement, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD after attaining age 55 with 10 years of credited or vesting service
Postponed retirement	Retirement after NRD
Termination with deferred vested benefit	Termination for reasons other than death or retirement after completing three years of vesting service
Preretirement death benefit	Death while eligible for deferred vested, early, normal or postponed retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit determined as of NRD.
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Plan Sponsor:	Hartford HealthCare Corporation
Valuation Date:	January 1, 2024

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Early retirement	Accrued Benefit reduced by 0.375% for each month by which benefit commencement precedes NRD, except that no reduction applies if age at termination plus years of vesting service totals at least 90.
Postponed retirement	Accrued Benefit determined as of actual retirement date.
Termination with deferred vested benefit	Accrued Benefit multiplied by vested percentage determined as of date of termination payable under early retirement provisions if have at least 10 years of credited or vesting service.
Preretirement death	Preretirement death benefit is payable.

Other Plan Provisions

Forms of payment	<p>For single participants, the normal form of payment is a life annuity. For married participants, the benefit is automatically reduced and payable as a 50% joint and survivor annuity, unless a life annuity or other optional form is elected with spousal consent.</p> <p>Optional forms:</p> <ul style="list-style-type: none">▶ Life annuity▶ 50% or 100% joint and survivor annuity▶ 10 year certain and life annuity <p>Optional forms of payment are converted from the normal form using 6% interest and the UP-84 Mortality Table.</p>
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2024

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Summary of Prior Plan Provisions – VNA Healthcare Incorporated Cash Balance Pension Plan

Plan Provisions

Covered Employees	All regular employees of VNA HealthCare
Participation Date	First of month coinciding with or next following age 21 and the completion of 12 months of employment with at least 1,000 hours
Plan Status	The plan is fully frozen as of June 30, 2000

Definitions

Vesting service	One year for each plan year in which an employee has completed 1,000 or more hours of service
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65, or, if later, the fifth anniversary of participation date.
Actuarial Equivalence	For purposes of determining lump sum values, the required interest rate and mortality assumptions under IRC Section 417(e). The interest rate for a plan year is based on the segment interest rates released for the second calendar month before the first day of the plan year. For all other purposes, 1983 GAM Mortality, ages set back three years, 4% interest.
Accrued Benefit	The Accrued Benefit is the greater of the Actuarial Equivalence of the participant's Cash Balance Account and the accrued benefit calculated as of July 31, 1994 based on plan provisions in effect at that time.
Pay Credit	None following June 30, 2000 plan freeze.
Interest Credit	The annual rate of interest earned on a participant's cash balance account equal to the lesser of 5% fixed rate and the Federal Mid-term Rate as in effect on the first day of the fifth month (August) prior to the first day of the plan year (but not less than 4%).
Opening Account Balance	Single Actuarial Equivalent sum of the participant's July 31, 1994, accrued benefit as calculated using the plan provisions in effect at that time.
Cash Balance Account	Sum of pay credits, interest credits and opening account balance (if applicable).

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2024

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Preretirement Death Benefit The Preretirement Death Benefit is equal to 100% of the Cash Balance Account.

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2024

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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD but after attaining age 55
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing three years of vesting service
Preretirement death benefit	Death while eligible for deferred vested, early, normal or postponed retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit determined as of NRD.
Early retirement	<p>For participants who have elected a lump sum, the greater of (i) or (ii) below:</p> <ul style="list-style-type: none">(i) 100% of the Cash Balance Account(ii) Actuarial Equivalent of the July 31, 1994 accrued benefit <p>For participants who have elected a life annuity, the greater of (i) or (ii) below:</p> <ul style="list-style-type: none">(i) Actuarial Equivalent of the Cash Balance Account expressed as life annuity(ii) July 31, 1994 accrued benefit reduced 1/15 for each of the first five years and 1/30 for each of the next five years that early retirement precedes NRD.
Postponed retirement	Accrued Benefit determined as of actual retirement date.
Termination with Deferred Vested Benefit	Accrued Benefit determined as of date of termination. If the participant elects to defer the commencement of his benefit, then the Cash Balance Account, if applicable, will continue to be credited with interest credits until actual benefit commencement.
Preretirement death	Preretirement Death Benefit is payable.

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2024

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Other Plan Provisions

Forms of payment	<p>For single participants, the normal form of payment is a life annuity. For married participants, the benefit is automatically reduced and payable as a 66 2/3% joint and survivor annuity with 10 years certain, unless a life annuity or other optional form is elected with spousal consent.</p> <p>Optional forms:</p> <ul style="list-style-type: none">• Lump sum• 66 2/3%, 75%, or 100% joint and survivor annuity with 10 years certain• 10 year certain and life annuity• 15 year certain and life annuity• Full cash refund annuity
Maximum on benefits and pay	<p>All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.</p>

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2024

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Summary of Prior Plan Provisions – The Retirement Income Plan for Employees of The William W. Backus Hospital

Plan Provisions

Covered Employees	Any employee performing services for The William W. Backus Hospital excluding leased employees.
Participation Date	Age 21 and one year (1,000 hours) of covered employment
Plan Status	As of January 1, 2010 the plan is frozen for eligibility and benefits accrual.

Definitions

Vesting service	One year for each plan year with 1,000 or more hours of service. Excludes service prior to age 18.
Credited service	<p>Service prior to January 1, 1976, is credited for all years and months of continuous employment as a full-time, regularly scheduled employee.</p> <p>With respect to service after December 31, 1975:</p> <ul style="list-style-type: none">(i) For employees with a participation date prior to January 1, 1983, a year of service is credited for each plan year during which the participant completes at least 173 hours of service;(ii) For employees with a participation date after December 31, 1982, a year of service is credited for each plan year during which the participant completes 2,080 hours of service. A participant who completes less than 2,080 hours, but more than 173 hours in a plan year shall receive a pro-rata portion of a year of credited service.(iii) No credited service is earned by participants after December 31, 2009
Compensation	Annual earnings for the plan year including any overtime and restricted call pay and any tax-deferred contributions to a 403(b) or Section 125 plan but excluding bonuses, severance payments, and all other forms of premium pay.

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Average monthly compensation	The monthly average of the highest five consecutive calendar years of compensation during the ten-year period ending on the earlier of the participant's termination date, retirement date, or December 31, 2009 if earlier. For employees becoming participants after December 31, 1982, compensation is annualized for any plan year with less than 2,080 hours of service.
Normal retirement age	For employees who became a participant before January 1, 1992; age 65. Otherwise, the later of age 65 and the completion of five years of Vesting Service, but not later than age 70.
Normal retirement date (NRD)	First of month coinciding with or next following Normal Retirement Age.
Monthly pension benefit	<p>The annual normal retirement benefit is equal to the greater of:</p> <p>(a) 2.0% of a participant's Average Monthly Compensation multiplied by his Credited Service earned before January 1, 1994,</p> <p style="text-align: center;">plus</p> <p style="text-align: center;">1.5% of his Average Monthly Compensation multiplied by his Credited Service earned after December 31, 1993.</p> <p style="text-align: center;">Total Credited Service is limited to 25 years.</p> <p style="text-align: center;">or</p> <p>(b) The participant's accrued benefit as of December 31, 1993.</p> <p>Benefit accruals were frozen effective January 1, 2016.</p>
Disability benefit	50% of accrued benefit.
Monthly postretirement spouse benefit	<p>The spouse of a vested participant who is married for at least one year will receive this benefit which provides one-half of a reduced 50% joint and survivor benefit. The portion of the spouse benefit attributable to pre-1994 service is guaranteed for 60 months.</p> <p>The beneficiary of a vested participant (including spouse if married less than one year at the time of death) will receive a benefit based on any pre-1994 service payable for 60 months. The benefit is reduced if payable prior to the participant's Normal Retirement Date.</p>

Plan Name: Hartford HealthCare Pension Plan
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Valuation Date: January 1, 2024

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Eligibility for benefits

Normal retirement	Retire on NRD.
Early retirement	Retire before NRD and on or after both attaining age 55 and completing ten years of Credited Service.
Postponed retirement	Retire after NRD.
Vested termination	Terminate for reasons other than death or retirement after completing five years of Vesting Service.
Disabled retirement	Become disabled before NRD and on or after both attaining age 45 and completing 10 years of Credited Service.
Preretirement spouse benefit	Die while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse.

Monthly benefits paid upon the following events

Normal retirement	Monthly Pension Benefit determined as of NRD.
Early retirement	Monthly Pension Benefit determined as of early retirement date, reduced by 0.5% for each month retirement precedes the NRD.
Postponed retirement	Monthly Pension Benefit determined as of actual retirement date.
Termination with deferred vested benefit	Monthly Pension Benefit determined as of termination date, commencing on NRD, or an amount commencing at the early retirement date or later, reduced by 0.5% for each month commencement precedes the NRD.
Disablement retirement	The Disability Benefit determined as of the Disability Retirement Date.
Death with preretirement spouse death	Monthly Preretirement Spouse Benefit is payable as of the later of the participant's death or the participant's early retirement date.

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Valuation Date: January 1, 2024

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Other plan provisions

Forms of payment	Monthly pension benefits will normally be paid as a life annuity, if the participant has no spouse as of the date payments commence. If a participant was a member before 1994 and dies prior to receiving 60 monthly payments, the portion of the monthly benefit that is based on the pre-1994 monthly pension benefit will continue unreduced to his/her beneficiary. Married participants will normally be paid in the form of the 50% joint and survivor annuity option. If the participant elects and the spouse consents (if applicable), another actuarially equivalent optional form may be offered by the plan. Optional forms are a five-year certain and life annuity or (for married participants) a life annuity, a 75% joint and survivor annuity option, and a 100% joint and survivor annuity option.
Actuarial Conversion Basis for Optional Forms of Payment	Conversion from life annuity to other annuity to other annuity forms of payment generally based on plan's definition of actuarial equivalence (UP1984 Unisex Mortality and 7% interest)
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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EIN / PN: 22-2672834/011
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Valuation Date: January 1, 2024

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Summary of Prior Plan Provisions – Retirement Plan for Employees of Windham Community Memorial Hospital

Plan Provisions

Coverage and participation	<p>Employees, other than a per diem employee designated as a “P.R.N.”, who work at least 1,000 hours in a 12-month period are eligible on the January 1 or July 1 following the completion of one year of service and attainment of age 21.</p> <p>Contributory Program: Must agree to make employee contributions (No new members after July 1, 1988).</p> <p>Effective March 1, 2004: Non-collectively bargained employees and collectively bargained employees classified as RNs or LPNs first hired on or after March 1, 2004 will not be eligible to participate.</p> <p>Effective March 1, 2005: Collectively bargained employees represented by Local 5099 first hired on or after March 1, 2005 will not be eligible to participate.</p>
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Definitions

Credited service	<p><u>Years Prior to December 31, 1988:</u> A plan year after April 1, 1960 while a plan participant in which member has 2,000 hours of service while an eligible employee. For less than 2,000 hours of service, 1/4 year of credited service for each 500 hours completed is credited, through December 31, 1988.</p> <p><u>Years After December 31, 1988:</u> A plan year while a plan participant in which member has 1,000 hours of service while a participant.</p> <p>Effective April 1, 2006, Credited Service for Non-collectively bargained participants is frozen.</p> <p>Effective December 31, 2009 Credited Service is frozen for all participants.</p>
Vesting service	<p>A plan year commencing at date of hire in which the eligible employee works at least 1,000 hours. One year of service is credited for the plan year in which the employee was hired and in which the employee terminates service regardless of the number of hours of service performed, through December 31, 1988. Any year</p>

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	of service during which the employee is not at least age 18 is excluded.
Annual Compensation	Total W-2 earnings during plan year plus any amount not includable in W-2 earnings under Section 125, 401(k) or 403(b) of the IRC. Effective January 1, 2001, elective amount not includable in a participant's gross income by reason of Section 132(f)(4) shall also be included. Contributory Program: Earnings attributable to a partial year are annualized through December 31, 1988.
Final Average Monthly Compensation	1/12 of the average of a participant's Annual Compensation for the highest 5 consecutive years of service out of the last 10 calendar years immediately preceding the earliest of retirement date, early retirement date, termination date, or credited service freeze date.
Normal Retirement Date (NRD)	The later of age 65, or fifth anniversary of participation.
Accrued Benefit	On any date prior to Normal Retirement Date, the Accrued Benefit shall be based on credited service and earnings to date.
Refund of Contributions	Contributory Program: Return of employee contributions accumulated with interest to the date of the member's death. The amount of such return is offset by any annuity payments or spouse's annuity payments made to the member or his beneficiary.
Plan Participants' Contributions	Contributory Program: 2.5% of calendar year earnings, prior to January 1, 2010.

Eligibility for Benefits

Normal Retirement	Retirement at NRD
Late Retirement	Retirement after Normal Retirement Age
Early Retirement	Contributory Program: Age 50 Non-Contributory Program: Age 50 and 20 years of Credited Service (not frozen for this purpose for non-collectively bargained participants).
Vested Termination	100% after 5 years of Vesting Service. 100% at Normal Retirement Date. Non-collectively bargained participants employed on March 31, 2006 and collectively bargained participants employed on December 31, 2009 are deemed fully-vested for this purpose. Contributory Program: 100% at age 50.

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Preretirement Death	Contributory Program: 5 years of Vesting Service. Not eligible for early retirement, under age 45 with 5 years of service. Married one year prior to death. Non-Contributory Program: 5 years of Vesting Service. Married one year prior to death
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Monthly benefits payable upon the following events

Normal Retirement	<p>The Normal Retirement Benefit payable to a member shall be a monthly amount equal to:</p> <p>Contributory Program: 3% of the Average Monthly Compensation multiplied by the number of years of Credited Service, maximum 25 years.</p> <p>Non-Contributory Program: 2% of the Average Monthly Compensation multiplied by the number of years of Credited Service, maximum 25 years.</p> <p>Maximum at Retirement: \$4,000 per month (\$48,000 yearly).</p> <p>Benefit accruals were frozen effective January 1, 2016.</p>
Late Retirement	<p>The greater of the benefit based on earnings and service to Late Retirement Date and the actuarial equivalent of prior year's benefit.</p>
Early Retirement	<p>Contributory Program: Accrued Normal Retirement Benefit at Early Retirement Date. Payable at age 65 or payable at early retirement date reduced by the appropriate percentage shown below.</p> <p>To determine the Death Benefit Ratio and the Early Retirement reduction factor for a Contributory Program Participant:</p> <ol style="list-style-type: none">1. Calculate the number of years and completed months by which the Early Retirement Date of the participant precedes the Normal Retirement Date.2. Calculate the Death Benefit Ratio as follows: Divide the Participant's Contributions with interest at the current plan interest rate for employee contributions at Early Retirement Date by the Participant's Annual Accrued Benefit as of Early Retirement Date in the Normal Form, and round to the nearest whole number (from 0 to 4). This is the Death Benefit Ratio.3. Use the appropriate Death Benefit Ratio and Number of Years Early to determine the appropriate Early Retirement reduction factor, interpolated for years and months.

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Non-Contributory Program: Use Column 0 for the Death Benefit Ratio

Number of Years Early	Death Benefit Ratio (to the nearest whole number)				
	0	1	2	3	4
0	100.0%	100.0%	100.0%	100.0%	100.0%
1	90.8%	91.0%	91.2%	91.4%	91.6%
2	82.7%	83.1%	83.4%	83.8%	84.1%
3	75.5%	76.0%	76.5%	77.0%	77.5%
4	69.1%	69.7%	70.3%	70.9%	71.5%
5	63.5%	64.2%	64.9%	65.5%	66.2%
6	58.4%	59.2%	59.9%	60.7%	61.5%
7	53.8%	54.7%	55.5%	56.4%	57.2%
8	49.7%	50.6%	51.5%	52.4%	53.3%
9	46.0%	47.0%	47.9%	48.9%	49.8%
10	42.6%	43.6%	44.6%	45.6%	46.6%
11	39.6%	40.6%	41.7%	42.7%	43.7%
12	36.8%	37.9%	38.9%	40.0%	41.1%
13	34.3%	35.4%	36.5%	37.5%	38.6%
14	32.0%	33.1%	34.2%	35.3%	36.4%
15	29.9%	31.0%	32.1%	33.2%	34.3%

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Vested Termination Accrued Normal Retirement Benefit at termination date. Payable at Normal Retirement Date or Early Retirement Date, subject to same reduction as Early Retirement Benefit.

Preretirement Death Qualified Pre-Retirement Joint and Survivor Annuity. Spouse receives amount payable as if member terminated rather than died and began to receive benefits at the earliest early retirement date in the form of a 50% Joint and Survivor Annuity and then died, leaving half his benefit to his spouse.

Eligibility for immediate preretirement death benefit:

Contributory Program: Active participant eligible for early retirement or attained age 45 with 5 years of service. Married one year prior to death

Benefit: \$120 per year or vested accrued benefit on date of death multiplied by the appropriate percentage below, payable to the spouse immediately:

Age at Date of Death	Percentage ¹
45	45%
46	46%
47	47%
48	48%
49	49%
50 and over	50%

This benefit is automatic unless A is greater

Death Benefits for Participants in Active Service On or After January 1, 1998:

Eligibility: Active participant in Contributory or Non-contributory program.

Benefit: For plan years beginning after December 31, 1997, the spouse is entitled to the greater of the Spouse's benefit A or B above, or the accrued benefit calculated as a 50% survivor annuity, reduced for early retirement, payable at the earliest date under the

¹ These percentages are reduced by ½% for each year the spouse is more than 5 years younger than the Participant.

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plan a benefit would be payable, disregarding any vesting service requirement.

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Other Provisions

Form of Benefit

Contributory Program: Life Annuity with a modified cash refund death benefit.

Non-Contributory Program: Life Annuity.

Options: 50% Joint and Survivor with spouse (this option is automatically payable to a married participant on an actuarially reduced basis), 75% Joint and Survivor, 100% Joint and Survivor, Social Security Adjustment, or 10 Years Certain and Life. Optional form adjustments for Joint and Survivor and 10 Years Certain and Life are based on the 1951 Group Annuity Table with a 6-year setback for participants and 1-year setback for beneficiaries, and an interest rate of 4.5%. Optional form adjustments for Social Security Adjustment are based on the 1951 Group Annuity Table with a 1-year setback, and an interest rate of 4.5%.

Cost of Living Adjustments

For all retired participants, and all spouses eligible for annuity payments, the monthly amount of annuity payable will be subject to annual Cost-of-Living adjustments, based on the Consumer Price Index (Urban Wage Earners and Clerical Workers) published monthly by the Bureau of Labor Statistics for the fourth month preceding the beginning of the plan year.

Contributory Program: For benefits accrued to December 23, 1996 for Nurses or April 17, 1997 for all other employees:

The adjustment for each Plan Year will be determined by dividing the CPI for the fourth month preceding the beginning of the Plan Year by the CPI for the fourth month prior to the immediately preceding plan anniversary date (the first day of the Plan Year), or if later, the fourth month preceding the Early or Normal Retirement Date, as appropriate. The monthly amount of benefit payable or credited during the current Plan Year will equal the monthly amount payable or credited during the preceding Plan Year adjusted by the percentage increase in the CPI, to the nearest one-tenth of one percent.

No annual percentage increase or decrease will exceed 3%, and no decrease may reduce the retiree's benefit below the amount originally paid.

Non-Contributory Program: For benefits accrued to December 23, 1996 for Nurses or April 17, 1997 for all other employees:

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1% if Consumer Price Index change is greater than 0, but less than 3%,

2% if Consumer Price Index is between 3% and 5%,

3% if Consumer Price Index is 5% or greater.

No decrease may reduce the retiree's benefit below the amount originally paid.

Contributory and Non-Contributory Program: Effective January 1, 2002, there shall be no Cost-of-Living increase with respect to benefits accruing after December 23, 1996 for Nurses and April 17, 1997 for all other employees unless the total return on the value of the pension assets for the preceding plan year exceeds the 30-year Treasury Bond rate in effect on the first business day of the plan year in which the Cost-of-Living adjustment occurs.

No Cost-of-Living adjustment will be made for Nurses hired after December 23, 1996 and all other employees hired after April 17, 1997.

Early Retirement Program

Eligibility: Employee during the period January 1, 1991 through December 31, 1991; vested as of December 31, 1990; attained age 45 (including five additional years referred to below); attain Retirement Status as of March 31, 1992; terminate employment on or before December 31, 1991.

Benefit: Recalculated benefit with the addition of five years of service to years of Credited Service or five years to attained age, or any combination of age and service.

If attained age after addition of years described above is less than 50, payments will be deferred until at least age 50.

For Non-Contributory Program members, the restriction of 20 Years of Credited Service necessary for Early Retirement is waived.

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2024

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Summary of Prior Plan Provisions – The Charlotte Hungerford Hospital Retirement Plan

Plan Provisions

Covered employees	All employees of Charlotte Hungerford Hospital hired before January 1, 2011 who have both attained age 21 and completed one year of service with at least 1,000 hours worked.
Participation Date	Date of becoming a covered employee.
Plan status	Effective January 1, 2011 the plan is closed to new participants and benefit accruals are frozen for all participants as of January 1, 2013.

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2024

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Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	29,728,190	16,877,064	98,258,729	144,863,983
2025	24,052,037	8,033,164	95,943,903	128,029,104
2026	25,899,474	9,580,073	93,571,837	129,051,384
2027	27,560,339	11,246,779	91,071,120	129,878,238
2028	28,066,446	12,139,524	88,435,849	128,641,819
2029	29,689,644	13,701,720	85,631,362	129,022,726
2030	29,617,845	13,889,221	82,700,328	126,207,394
2031	30,264,194	15,688,173	79,673,586	125,625,953
2032	30,310,813	15,642,987	76,506,831	122,460,631
2033	30,353,894	16,352,538	73,220,834	119,927,266
2034	30,439,355	16,331,073	69,841,539	116,611,967
2035	29,873,491	15,867,028	66,364,273	112,104,792
2036	29,685,910	17,355,746	62,793,247	109,834,903
2037	29,600,888	16,651,914	59,140,381	105,393,183
2038	29,082,928	18,113,680	55,419,675	102,616,283
2039	28,760,969	17,691,216	51,650,210	98,102,395
2040	28,223,226	16,302,599	47,854,258	92,380,083
2041	27,585,464	17,377,890	44,054,952	89,018,306
2042	26,887,860	16,704,088	40,278,767	83,870,715
2043	26,200,926	16,840,617	36,554,040	79,595,583
2044	25,508,837	17,123,339	32,910,735	75,542,911
2045	24,537,275	16,066,312	29,379,436	69,983,023
2046	23,709,096	15,856,333	25,990,460	65,555,889
2047	22,855,818	15,543,602	22,773,252	61,172,672
2048	21,884,513	14,701,132	19,755,124	56,340,769
2049	20,851,724	14,279,762	16,959,608	52,091,094
2050	19,792,321	14,270,053	14,404,995	48,467,369
2051	18,653,624	12,831,816	12,103,136	43,588,576

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2052	17,518,959	11,683,356	10,058,957	39,261,272
2053	16,332,176	10,777,094	8,270,484	35,379,754
2054	15,150,104	9,981,697	6,729,367	31,861,168
2055	14,018,717	9,292,932	5,421,695	28,733,344
2056	12,871,349	8,602,007	4,329,227	25,802,583
2057	11,759,135	7,919,280	3,430,703	23,109,118
2058	10,711,292	7,251,604	2,703,122	20,666,018
2059	9,700,658	6,605,275	2,123,001	18,428,934
2060	8,745,165	5,985,889	1,667,322	16,398,376
2061	7,843,853	5,397,947	1,314,367	14,556,167
2062	7,000,429	4,845,199	1,044,365	12,889,993
2063	6,217,049	4,329,809	839,895	11,386,753
2064	5,494,438	3,852,861	686,104	10,033,403
2065	4,832,080	3,414,449	570,700	8,817,229
2066	4,228,503	3,013,818	483,813	7,726,134
2067	3,681,495	2,649,586	417,731	6,748,812
2068	3,188,334	2,319,923	366,578	5,874,835
2069	2,745,969	2,022,727	325,984	5,094,680
2070	2,351,090	1,755,780	292,804	4,399,674
2071	2,000,359	1,516,829	264,840	3,782,028
2072	1,690,451	1,303,669	240,589	3,234,709
2073	1,418,120	1,114,177	219,038	2,751,335

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Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.06	1,000,000	1	0.06	3.3
56	0.06	940,000	0.94	0.0564	3.1584
57	0.06	883,600	0.8836	0.053016	3.021912
58	0.06	830,584	0.830584	0.04983504	2.89043232
59	0.06	780,749	0.78074896	0.046844938	2.763851318
60	0.075	733,904	0.733904022	0.055042802	3.302568101
61	0.075	678,861	0.678861221	0.050914592	3.105790085
62	0.125	627,947	0.627946629	0.078493329	4.866586376
63	0.125	549,453	0.549453301	0.068681663	4.326944742
64	0.125	480,772	0.480771638	0.060096455	3.846173104
65	0.3	420,675	0.420675183	0.126202555	8.203166073
66	0.3	294,473	0.294472628	0.088341788	5.830558039
67	0.3	206,131	0.20613084	0.061839252	4.143229879
68	0.3	144,292	0.144291588	0.043287476	2.943548392
69	0.3	101,004	0.101004111	0.030301233	2.090785108
70	1	70,703	0.070702878	0.070702878	4.949201463
Average age at retirement					62.743147
Rounded for Schedule SB item 22					63

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Schedule SB, Line 24 Change in Actuarial Assumptions

The cash balance interest crediting rate for the former HH plan was changed from 5.25% to 5.50%.

The assumed plan-related expenses added to the target normal cost were changed to \$4,600,000 for the current valuation.

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
----------------	--------------------------	------------------------------

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Lump sum conversion of annuity benefits for grandfathered participants

Funding Interest Rates

Annual rates of increase

- Cash balance interest crediting rate
 - Former HH Plan 5.50%
 - Former VNA Plan 4.25%
- Rate of increase on former Windham Plan employee contributions 5.00%
- Cost-of-living adjustment for retirement benefits
 - Former HH Plan 2.50%
 - Former Windham Plan contributory program
 - i. Benefits accrued through 12/31/1996

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ii.	Benefits accrued after 12/31/1996	2.50%
		1.50%
-	Former Windham Plan non-contributory program	
iii.	Benefits accrued through 12/31/1996	1.50%
iv.	Benefits accrued after 12/31/1996	1.00%

Plan-related expenses \$4,600,000

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Healthy Mortality	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
Disabled Mortality	Same as described above for Healthy Mortality.
Termination	Rates varying by age, representative termination rates are shown below.

Representative Termination Rates

Rate leaving during the year	
Attained Age	Rate
25	0.125
30	0.100
35	0.080
40	0.060
45	0.060
50	0.060
55+	0.000

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Disability

For former Backus participants, the rates at which participants become disabled by age are shown below:

Rate becoming disabled during the year	
Attained Age	Rate
25	0.0010
35	0.0015
45	0.0035
55	0.0110

All other prior plans: None

Retirement

Rates varying by age, average age 63.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Rate retiring during the year	
Attained Age	Rate
55-59	0.060
60-61	0.075
62-64	0.125
65-69	0.300
70+	1.000

Benefit commencement date:

- Preretirement death benefit

Former HH: 100% of unmarried participants are assumed to receive a lump sum upon death of the active participant. For married participants, a portion of lump-sum eligible participants are assumed to commence upon death of the active participant. Those surviving spouses not commencing immediately are assumed to defer to the date the participant would have attained age 55

Former MidState: The later of the death of the active participant or the date the participant would have attained age 55

Former Backus: If less than 10 years of service, the later of the death of the active participant or the date the participant would

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have turned age 65; otherwise, the later of the death of the active participant or the date the participant would have turned age 55

Former Bradley, Natchaug, New Britain, Windham: The later of the death of the active participant or the date the participant would have attained early retirement age

Former VNA: 100% of unmarried participants are assumed to receive a lump sum upon death of the active participant. For married participants, a portion of lump-sum eligible participants are assumed to commence upon death of the active participant. Those surviving spouses not commencing immediately are assumed to defer to the date the participant would have attained age 55

Former CHH: The later of the death of the active participant or the date the participant would have attained age 60 with 10 years of service, or age 65 with 5 years of service

- Deferred vested benefit

Former HH: For active participants, a portion of lump-sum eligible participants are assumed to commence upon termination of employment. Those not commencing immediately are assumed to defer to age 65. For deferred vested participants, the later of current age or age 65.

Former MidState and CHH: The later of age 65 or valuation date

Former Backus and Natchaug: The later of termination of employment and age 65

Former Bradley, New Britain, Windham: The later of age 65 and age at fifth anniversary of date of participation

Former VNA: For active participants, a portion are assumed to commence upon termination of employment. Those not commencing immediately are assumed to defer to age 65. For deferred vested participants, the later of current age or age 65.

- Retirement benefit

Upon termination of employment after eligible for retirement

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- Disability benefit

Former Backus: After 10 years of service, the later of disablement and age 45

Form of payment

For participants entitled to lump sum benefits:

For active participants terminating employment or married participants dying prior to attaining early retirement eligibility: 40% elect an immediate lump sum, 36% elect a deferred lump sum, and 24% elect a deferred annuity. For all deferred vested participants: 30% annuity and 70% lump sum.

For active participants terminating employment or married participants dying after attaining early retirement eligibility: 40% annuity and 60% lump sum.

For participants entitled to annuities only and those with a portion of their benefits assumed to be elected as annuities:

Female participants: 70% elect single life annuity and 30% elect 50% joint and survivor annuity.

Male participants: 50% elect single life annuity and 50% elect 50% joint and survivor annuity.

Former HH (pre-1999): Life annuity with a cost-of-living adjustment (10-year certain and life for former IOL participants)

Former VNA (pre-August 1, 1994): 50% joint and survivor annuity option includes 10 year certain period

Former MidState: Biannual automatic cost-of-living adjustment of 3% for participants who terminate or retire after January 10, 1991

Percent married

60% of both males and females assumed to be married

Spouse age

Wives three years younger than male employees

Husbands same age as female employees

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The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Hartford HealthCare and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$7,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

Hartford HealthCare and Hartford HealthCare's third party administrator furnished participant data as of January 1, 2024. Information on assets, contributions, and plan provisions was supplied by the plan sponsor and trustee. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Hartford HealthCare, the following assumptions were made for missing or apparently inconsistent data elements:

- Data from the prior census date was relied upon for any missing data elements.
- If not provided, assumptions were made for spouse date of birth and sex as described in this report.
- If benefit information is unavailable, the average benefit for the prior plan formula is assumed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Assumptions Rationale - Significant Economic Assumptions

Discount rates	<p>The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.</p>
Cash balance interest crediting rate	<p>Former HH: The plan credits interest to cash balance accounts using the 12-month average of one-year U.S. Treasury bill constant maturity rates plus 1%, subject to a minimum 5.00% interest crediting rate.</p> <p>Former VNA: The plan credits interest to cash balance accounts using the lesser of the Federal Mid-Term Rate in effect as of the first day of the plan year (but not less than 4%) or 5%.</p> <p>After examining historical variability in these rates, including the increase in interest crediting expected to be caused by the minimum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.</p> <p>The rate chosen is based on the expected future treasury and Federal Mid-Term rates, based on the historical and current rates, and considering the increase in interest crediting rate expected to be caused by the minimum interest credit.</p>
Lump sum conversion rate	<p>As required by IRC 430, lump sum benefits for non-cash balance benefits are valued using “annuity substitution”, with the plan’s funding discount rate as described above.</p>
Expected return on plan assets	<p>The assumed return of 5.74% for 2023 used for asset smoothing is the third segment rate. The client has developed an expected rate of return assumption in excess of the third segment rate with the help of their investment advisers. WTW was not able to evaluate the assumption due to the sophistication of the plan sponsor’s investment strategy for the plan’s assets.</p>
Rates of increase in retiree benefits	<p>The assumed rates of increase in retiree benefits are based on current conditions for the consumer price index and an estimate of future experience adjusted for maximum caps specified by plan design. We believe that the assumption chosen does not significantly conflict with what</p>
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would be reasonable based on the assume future CPI increases inherent in current bond rates and the historical variability of CPI. The other economic assumptions chosen do not significantly conflict with this assumption, taking into account historical variability in CPI.

Administrative expenses Administrative expenses are estimated by determining the expected actual expenses for the coming year, including trust payable provider fees and PBGC premiums. We believe that this approach to setting assumed future expenses does not significantly conflict with what would be reasonable because it considers expected future changes in the level of expenses.

Assumptions Rationale - Significant Economic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates are based on an experience study conducted for Hartford HealthCare plans in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Retirement Retirement rates are based on an experience study conducted for Hartford HealthCare plans in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

For the reasons described above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Form of payment The form of payment assumption is based on an experience study conducted for Hartford Healthcare plans in 2020; which reviewed observed experience over the period 2016 – 2019, with annual consideration of

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whether any conditions have changed that would be expected to produce different results in the future.

For the reasons described above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC 430. The segment rates not reflecting corridors were updated to September 2023.

The mortality table used to calculate the funding target updated to reflect the latest mortality table and improvement scale (including move from static to generational projection), as required by guidance issued by IRS under IRC §430.

The cash balance interest crediting rate for the former HH plan was changed from 5.25% to 5.50%.

The assumed plan-related expenses added to the target normal cost were changed to \$4,600,000 for the current valuation.

Change in methods since prior valuation None

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Schedule SB, Line 26a- Schedule of Active Participant Data as of January 1, 2024 Number distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	3	0	0	0	0	0	0	0	0	3
35-39	0	0	12	51	85	6	0	0	0	0	0	154
40-44	0	0	22	49	184	102	2	0	0	0	0	359
45-49	0	0	31	55	143	189	76	4	0	0	0	498
50-54	0	0	37	64	164	214	104	57	13	0	0	653
55-59	0	0	36	66	169	188	119	116	113	8	0	815
60-64	0	0	26	68	133	167	101	124	142	90	0	851
65-69	0	0	22	20	44	53	42	35	29	54	0	299
70 & over	0	0	1	6	6	17	6	8	10	9	0	63
Total	0	0	190	379	928	936	450	344	307	161	0	3,695

¹ Age and service for purposes of determining category are based on exact (not rounded) values. Table does not include 138 active employees receiving in-service distributions.
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Schedule SB, Line 26a- Schedule of Active Participant Data as of January 1, 2024 Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	10	31	61	6	0	0	0	0	0	108
	-	-	-	14,454	23,185	-	-	-	-	-	-	19,732
40-44	0	0	11	20	112	62	2	0	0	0	0	207
	-	-	-	18,922	34,929	47,595	-	-	-	-	-	35,976
45-49	1	0	10	24	81	117	55	2	0	0	0	290
	-	-	-	27,574	42,431	71,399	100,069	-	-	-	-	63,030
50-54	3	0	15	22	98	120	61	34	12	0	0	365
	-	-	-	36,457	48,651	106,089	114,920	144,137	-	-	-	88,950
55-59	4	0	12	19	97	104	70	66	71	4	4	447
	-	-	-	-	56,409	103,787	141,916	202,526	212,788	-	-	126,118
60-64	12	0	7	9	72	90	46	65	78	60	60	439
	-	-	-	-	65,986	106,954	156,700	187,454	270,019	287,148	-	165,678
65-69	4	0	4	2	25	28	23	15	15	35	35	151
	-	-	-	-	98,362	149,611	234,986	-	-	386,433	-	230,959
70 & over	4	0	1	2	3	8	3	2	6	6	6	35
	-	-	-	-	-	-	-	-	-	-	-	390,849
Total	28	0	70	129	549	535	260	184	182	105	105	2,042
	23,456	-	15,533	27,914	48,912	93,533	137,134	203,208	256,061	343,803	-	116,545

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

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Schedule SB, Line 26a- Schedule of Active Participant Data as of January 1, 2024 Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	1	1	1	0	0	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	6	1	4	15	20	0	0	0	0	0	0	46
	-	-	-	-	3,026	-	-	-	-	-	-	2,326
40-44	20	9	6	30	62	25	0	0	0	0	0	152
	4,597	-	-	1,907	5,552	9,692	-	-	-	-	-	5,030
45-49	30	26	8	25	55	52	11	1	0	0	0	208
	5,732	4,073	-	3,297	6,041	10,929	-	-	-	-	-	7,401
50-54	37	35	14	35	56	72	26	13	0	0	0	288
	7,360	3,911	-	4,445	5,739	11,966	15,001	-	-	-	-	8,472
55-59	59	47	24	26	58	64	32	44	14	0	0	368
	10,801	10,731	8,491	4,637	5,471	11,472	17,619	23,240	-	-	-	12,279
60-64	70	61	23	34	52	48	44	43	27	10	0	412
	15,495	15,830	9,027	4,723	8,706	10,788	17,682	22,507	36,205	-	-	15,597
65-69	23	17	16	11	16	17	15	16	8	9	0	148
	13,763	-	-	-	-	-	-	-	-	-	-	14,312
70 & over	3	5	3	3	3	3	3	2	2	1	0	28
	-	-	-	-	-	-	-	-	-	-	-	11,915
Total	249	202	99	179	322	281	131	119	51	20	0	1,653
	10,537	9,830	7,260	3,648	5,978	11,226	17,127	22,394	31,716	33,173	0	11,041

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

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Year Ended December 31, 2024

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, par or Maturity Value	Cost	Current Value	
*	Hartford Healthcare Defined Benefit Trust		1,809,152,438	

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <hr/> 2024 <hr/> This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: <input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input checked="" type="checkbox"/> a single-employer plan
<input type="checkbox"/> the first return/report	<input type="checkbox"/> a DFE (specify) _____
<input checked="" type="checkbox"/> an amended return/report	<input type="checkbox"/> the final return/report
C If the plan is a collectively-bargained plan, check here ▶ <input type="checkbox"/>	<input type="checkbox"/> a short plan year return/report (less than 12 months)
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558
<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> automatic extension
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ <input type="checkbox"/>	<input type="checkbox"/> the DFVC program

Part II Basic Plan Information - enter all requested information											
1a Name of plan HARTFORD HEALTHCARE PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">011</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">10/01/1947</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">22-2672834</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">860-696-3500</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">622000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	011	1c Effective date of plan	10/01/1947	2b Employer Identification Number (EIN)	22-2672834	2c Plan Sponsor's telephone number	860-696-3500	2d Business code (see instructions)	622000
1b Three-digit plan number (PN) ▶	011										
1c Effective date of plan	10/01/1947										
2b Employer Identification Number (EIN)	22-2672834										
2c Plan Sponsor's telephone number	860-696-3500										
2d Business code (see instructions)	622000										
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HARTFORD HEALTHCARE CORPORATION C/O HHC SYSTEM SUPPORT OFFICE 9 FARM SPRINGS RD. FARMINGTON, CT 06032											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Peter McKay</i>	10/6/2025	PETER MCKAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311