

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
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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.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ 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: ☒ 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 GE HEALTHCARE PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2023
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) GE HEALTHCARE TECHNOLOGIES INC. 500 WEST MONROE STREET CHICAGO, IL 60661
2b	Employer Identification Number (EIN) 88-2515116
2c	Plan Sponsor's telephone number 224-239-0617
2d	Business code (see instructions) 339110

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	Filed with authorized/valid electronic signature.	12/22/2025	BRYAN FALATO
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor GE HEALTHCARE BENEFITS ADMINISTRATIVE COMMITTEE 500 WEST MONROE STREET CHICAGO, IL 60661	3b Administrator's EIN 88-2515116 3c Administrator's telephone number 224-239-0617 																				
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 95453																				
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.....	 <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">6a(1)</td><td style="text-align: right;">5554</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">5008</td></tr> <tr><td>6b</td><td style="text-align: right;">51926</td></tr> <tr><td>6c</td><td style="text-align: right;">26782</td></tr> <tr><td>6d</td><td style="text-align: right;">83716</td></tr> <tr><td>6e</td><td style="text-align: right;">9934</td></tr> <tr><td>6f</td><td style="text-align: right;">93650</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">8</td></tr> </table>	6a(1)	5554	6a(2)	5008	6b	51926	6c	26782	6d	83716	6e	9934	6f	93650	6g(1)		6g(2)		6h	8
6a(1)	5554																				
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6g(1)																					
6g(2)																					
6h	8																				
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 3H

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 GE HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GE HEALTHCARE TECHNOLOGIES INC.	D Employer Identification Number (EIN) 88-2515116
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	14790273088	
b	Actuarial value	2b	14633734777	
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	62302	11237591752	11237591752
b	For terminated vested participants	28865	3088950385	3088950385
c	For active participants	5554	1744426381	1794118824
d	Total	96721	16070968518	16120660961
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	5.12 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	30032814	
b	Expected plan-related expenses	6b	79000000	
c	Target normal cost	6c	109032814	

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 COLIN SLOVENKAY, F.S.A, E.A Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 800 NORTH GLEBE ROAD FLOOR 10 ARLINGTON, VA 22203 Address of the firm	09/15/2025 Date 23-08143 Most recent enrollment number 703-258-8000 Telephone number (including area code)
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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	1247247758
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	356165010
9 Amount remaining (line 7 minus line 8)	0	891082748
10 Interest on line 9 using prior year's actual return of <u>7.94</u> %	0	70751970
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>5.25</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	961834718

Part III Funding Percentages

14 Funding target attainment percentage	14	84.80 %
15 Adjusted funding target attainment percentage	15	84.80 %
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	83.30 %
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
01/01/2024	0	29445	08/01/2024	0	306310
02/01/2024	0	325611	09/01/2024	0	299304
03/01/2024	0	716557	10/01/2024	0	321061
04/01/2024	0	161553	11/01/2024	0	351057
06/01/2024	0	276127	12/01/2024	0	796410
07/01/2024	0	287182			
Totals ►			18(b)	0	18(c) 3870617

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
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
	☐ N/A, full yield curve used		
b Applicable month (enter code)	21b	4	
22 Weighted average retirement age	22	64	
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ 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.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes	☐ 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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	109032814	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2448760902	234453104	
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	343485918	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	343485918	343485918
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)
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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. ☒ 2019 ☐ 2020 ☐ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GE HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GE HEALTHCARE TECHNOLOGIES INC.	D Employer Identification Number (EIN) 88-2515116	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY MANAGEMENT TRUST

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	ADMIN	2371190	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	94099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	67208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STATE STREET BANK AND TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	66725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ATESSA BENEFITS

47-4435064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	5971	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	FREDERICK F KWAN FSA EA	b EIN:	53-0181291
c Position:	DIRECTOR, RETIREMENT		
d Address:	WILLIS TOWERS WATSON US LLC 800 NORTH GLEBE RD FL 10 ARLINGTON, VA 22203	e Telephone:	510-303-6965

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan GE HEALTHCARE PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GE HEALTHCARE TECHNOLOGIES INC.				D Employer Identification Number (EIN) 88-2515116	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: GE HEALTHCARE PENSION MASTER TRUST					
b Name of sponsor of entity listed in (a): GE HEALTHCARE TECHNOLOGIES INC					
c EIN-PN 88-2667837-005		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13650221310		
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)		
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)		
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 (		

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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GE HEALTHCARE PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GE HEALTHCARE TECHNOLOGIES INC.		D Employer Identification Number (EIN) 88-2515116

Part I	Asset and Liability Statement		
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	0	90308000
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)	14789759517	13650221310
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	14789759517	13740529310
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14789759517	13740529310

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	3870617	
(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)		3870617
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)		0
(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)		0
(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)		121784805
(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		125655422

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1098043822	
(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)		1098043822
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)	2371190	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	100070	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	66725	
(7) Actuarial fees	2i(7)	67208	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	74236614	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		76841807
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1174885629

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1049230207
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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 555290.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan GE HEALTHCARE PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GE HEALTHCARE TECHNOLOGIES INC.				D Employer Identification Number (EIN) 88-2515116	
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	0
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): 88-2667837					
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	78
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	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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

- 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: 17.0 % Private Equity: 14.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.0 %

High-Yield Debt: 30.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 6.0 % Other: 7.0 %

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_____.

GE HealthCare Defined Benefit Plans

GE HealthCare Pension Plan

Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.

GE HealthCare Legacy Affiliates Pension Plan (formerly known as
Instrumentarium Cash Balance Plan)

Financial Report

(000s omitted)

December 31, 2024

Independent Auditor's Report	1-3
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Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 and 2023	6-7
Statements of Accumulated Plan Benefits as of December 31, 2023	8
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Note: All schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable



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INDEPENDENT AUDITOR'S REPORT

The GE HealthCare Benefits Administrative Committee of
GE HealthCare Pension Plan,
Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc.
and GE HealthCare Legacy Affiliates Pension Plan (formerly known as Instrumentarium Cash Balance Plan)

Opinion

We have audited the financial statements of GE HealthCare Pension Plan, GE HealthCare Legacy Affiliates Pension Plan (formerly known as Instrumentarium Cash Balance Plan) and Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc. (each a "Plan" and collectively the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of December 31, 2023, the related statements of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plans as of December 31, 2024 and 2023, the changes in their net assets available for benefits for the years then ended, the accumulated plan benefits as of December 31, 2023, and the changes in their accumulated plan benefits for the year ended December 31, 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Plans 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 audit opinion.

Emphasis-of-Matter – GE HealthCare Pension Plan

As discussed in Note 3 to the financial statements, the financial statements include private equities, hedge funds and real estate investments valued at approximately \$3.04 billion and \$3.96 billion (22% and 27% of the Plan's net assets available for benefits) as of December 31, 2024 and 2023, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Our opinion is not modified with respect to this matter.

Emphasis-of-Matter – GE HealthCare Legacy Affiliates Pension Plan

As discussed in Note 3 to the financial statements, the financial statements include private equities, hedge funds (as applicable) and real estate investments valued at approximately \$147 million and \$192 million (22% and 27% of the Plan's net assets available for benefits) as of December 31, 2024 and 2023, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Our opinion is not modified with respect to this matter.

Emphasis-of-Matter – Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc.

As discussed in Note 3 to the financial statements, the financial statements include private equities, hedge funds (as applicable) and real estate investments valued at approximately \$15 million and \$19 million (22% and 27% of the Plan's net assets available for benefits) as of December 31, 2024 and 2023, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Our opinion is not modified with respect to this matter.

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.

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 Plans' ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining current plan instruments, including all plan amendments, administering the Plans, and determining that the Plans' transactions that are presented and disclosed in the financial statements are in conformity with the Plans' 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

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 GAAS 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.

In performing an audit in accordance with GAAS, 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 audits 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 Plans' 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 Plans' ability to continue as a going concern for a reasonable period of time.

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

Deloitte + Touche LLP

December 19, 2025

GE HealthCare Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2024

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Assets			
Plan's interest in the GE HealthCare Pension Master Trust (Notes 3 and 4)	\$ 13,650,221	\$ 67,871	\$ 659,466
Prefunded retiree benefit payments	90,308	-	-
Total assets	13,740,529	67,871	659,466
Net Assets Available for Benefits	\$ 13,740,529	\$ 67,871	\$ 659,466

GE HealthCare Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2023

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Assets			
Plan's interest in the GE HealthCare Pension Master Trust (Notes 3 and 4)	\$ 14,700,505	\$ 71,574	\$ 713,563
Prefunded retiree benefit payments	89,254	-	-
Total assets	14,789,759	71,574	713,563
Net Assets Available for Benefits	\$ 14,789,759	\$ 71,574	\$ 713,563

GE HealthCare Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Additions			
Contributions:			
Employees	\$ 3,871	\$ -	\$ -
Employer	-	-	2,700
Total contributions	3,871	-	2,700
Investment income - Plan interest in GE HealthCare Pension Master Trust net investment income	121,784	562	5,939
Total additions	125,655	562	8,639
Deductions			
Benefits paid directly to participants or beneficiaries	1,098,043	4,002	54,410
Administrative and investment expenses	76,842	263	8,326
Total deductions	1,174,885	4,265	62,736
Net Decrease	(1,049,230)	(3,703)	(54,097)
Net Assets Available for Benefits			
Beginning of year	14,789,759	71,574	713,563
End of year	<u>\$ 13,740,529</u>	<u>\$ 67,871</u>	<u>\$ 659,466</u>

GE HealthCare Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Additions			
Contributions - Employees	\$ 4,290	\$ -	\$ -
Investment income - Plan interest in GE HealthCare Pension Master Trust net investment income	1,134,958	5,463	5,204
Total additions	1,139,248	5,463	5,204
Deductions			
Benefits paid directly to participants or beneficiaries	1,109,027	3,974	3,829
Administrative and investment expenses	78,075	243	1,169
Total deductions	1,187,102	4,217	4,998
Net (Decrease) Increase before Other Changes	(47,854)	1,246	206
Transfers	14,837,613	-	645,582
Net Increase	14,789,759	1,246	645,788
Net Assets Available for Benefits			
Beginning of year	-	70,328	67,775
End of year	<u><u>\$ 14,789,759</u></u>	<u><u>\$ 71,574</u></u>	<u><u>\$ 713,563</u></u>

GE HealthCare Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2023

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Actuarial Present Value of Accumulated Plan Benefits			
Vested benefits:			
Participants currently receiving benefit payments	\$ 9,854,741	\$ 34,109	\$ 451,587
Other participants	3,797,529	16,098	205,687
Total vested benefits	13,652,270	50,207	657,274
Nonvested benefits	48,085	214	337
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 13,700,355	\$ 50,421	\$ 657,611

GE HealthCare Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Actuarial Present Value of Accumulated Plan Benefits -			
Beginning of year	\$ -	\$ 50,866	\$ 43,847
Increase (decrease) during the year attributable to:			
Benefits accumulated	27,215	626	-
Interest due to decrease in the discount period	930,733	3,424	2,938
Benefits paid	(1,109,027)	(3,974)	(3,829)
Actuarial loss	(1,180)	-	-
Changes in actuarial assumptions	6,733	31	(2,488)
Plan amendments	21,626	217	-
Transfers	13,824,255	-	616,783
Other	-	(769)	360
Net increase (decrease)	13,700,355	(445)	613,764
Actuarial Present Value of Accumulated Plan Benefits -			
End of year	<u>\$ 13,700,355</u>	<u>\$ 50,421</u>	<u>\$ 657,611</u>

December 31, 2024 and 2023

(000s omitted)

Note 1 - Plan Description

The following descriptions of GE HealthCare Pension Plan (the "HealthCare Pension Plan" or HCPP); Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc. (the "Retirement Income Plan" or RIP); and GE HealthCare Legacy Affiliates Pension Plan (the "Legacy Affiliates Plan" or LAPP) (collectively the "GE HealthCare Defined Benefit Plans" or the "Plans", provide only general information. Participants should refer to each respective plan's agreement for a more complete description of the Plans' provisions. The Plans are defined benefit pension plans and are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

General

HealthCare Pension Plan

HCPP is a contributory defined benefit plan and was formed on January 1, 2023 as a result of GE HealthCare Technologies Inc.'s (the "Company") spin-off from General Electric Company (GE). Accordingly, assets and liabilities of approximately \$14,838,000 and accumulated plan benefits of approximately \$13,823,000 were transferred to HCPP from the GE Pension Plan on January 1, 2023. The GE Pension Plan is a defined benefit plan sponsored by GE. HCPP is sponsored by GE HealthCare Technologies Inc. (GEHC or the "Plan Sponsor").

HCPP provides benefits to covered participants based on the greater of two formulas recognizing: (a) a regular pension based on career earnings or (b) a minimum guaranteed pension based on length of service and final average earnings. Benefit provisions are subject to collective bargaining. If participants made contributions to HCPP, they are also eligible for a personal pension account annuity or a voluntary pension account annuity, as defined in HCPP's agreement.

Salaried employees who commenced service on or after January 1, 2011 at the Company or GE, and any employee who commenced service on or after January 1, 2012 at the Company or GE, are not eligible to participate in HCPP. Salaried employees benefits were frozen on December 31, 2020. All other employees who commenced service prior to January 1, 2012 were accruing pension benefits until December 31, 2024, at which point benefits were frozen.

Retirement Income Plan

The Retirement Income Plan is a noncontributory defined benefit plan sponsored by Datex-Ohmeda, Inc. (Datex-Ohmeda). Datex-Ohmeda is an affiliate of the Company.

RIP provides benefits to substantially all union employees of Datex-Ohmeda hired before June 15, 2012. RIP was closed to new participants effective June 15, 2012. Benefits are determined based on length of service and a dollar multiplier that is subject to collective bargaining.

Legacy Affiliates Plan

Effective December 31, 2023, the noncontributory Retirement Plan for Select GE Businesses (the "Select Plan"), sponsored by the Company, and the Amersham Health Retirement Plan (the "Amersham Plan"), sponsored by GE Healthcare USA Holding LLC, merged into the Instrumentarium Cash Balance Plan, sponsored by Datex-Ohmeda, Inc. Subsequent to the merger, the Instrumentarium Cash Balance Plan was renamed the GE HealthCare Legacy Affiliates Pension Plan, and the plan sponsor was changed from Datex-Ohmeda to the Company. In accordance with the effective date of the merger, the net assets of the Select Plan and the Amersham Plan, totaling \$438,688 and \$206,894, respectively, and accumulated plan benefits of \$463,130 and \$153,653, respectively, transferred to LAPP's interest in the GE HealthCare Pension Master Trust on the accompanying statement of net assets available for benefits as of December 31, 2023. The physical assets of the Select Plan and the Amersham Plan were transferred to LAPP in January 2024. LAPP is a frozen defined benefit pension plan, other than accumulation of interest credits due for participants under the terms of the former Instrumentarium Cash Balance Plan.

December 31, 2024 and 2023

(000s omitted)

Note 1 - Plan Description (Continued)

Master Trusts

The Plans hold an interest in the GE HealthCare Pension Master Trust (the "GEHC MT"), which was established for the investment of assets of the Plans. Each participating benefit plan has an undivided interest in the GEHC MT.

As of December 31 2024 and 2023, the GEHC MT has a divided interest in certain assets of the GE Pension Trust (the "GEPT"). The GEHC MT and the GEPT are collectively referred to herein as the "Master Trusts." During 2024 all plan assets were transferred from the GEPT to the GEHC MT, with the exception of private equities and other investments and real estate investments that remained in the GEPT.

Contributions

Contributions are made by the Company and Datex-Ohmeda (the "Plan Sponsors") in actuarially determined amounts. The funding policy of the Plans is to contribute amounts sufficient to meet minimum funding requirements, as set forth in employee benefit and tax law plus additional amounts as the Plan Sponsors may determine to be appropriate. There were contributions of \$2,700 made to LAPP during 2024. There were no contributions required by the Plan Sponsors of HCPP or RIP to meet the minimum funding requirements of ERISA during 2024.

Participants of HCPP may voluntarily contribute 3 percent of their first \$100,000 of eligible compensation and are required to contribute 3 percent of any eligible compensation above \$100,000 to the HCPP. Required and voluntary contributions of participating employees are 100 percent vested and earn interest credits, as defined by the Plans.

For the HCPP, as of December 31, 2023, the accumulated contributions of active employees, including interest credited on those contributions, amounted to approximately \$223,645. As of December 31, 2023, the rate for which interest was credited on the contributions was 5.25 percent.

Vesting

Participants are generally fully vested for retirement benefits after a certain number of years of service, as defined in the applicable Plan Document.

Pension Benefits

HealthCare Pension Plan

Participating qualified employees are generally entitled to pension benefits (paid monthly) beginning at normal retirement age (65) consisting of a regular pension, and if applicable, an additional pension to provide the minimum guaranteed pension, a personal pension account annuity, and a voluntary pension account annuity. The HCPP permits early retirement at age 60.

Retirement Income Plan

Participants are entitled to pension benefits beginning at normal retirement age of 65. The Retirement Income Plan permits early retirement beginning at age 55 with certain reductions of benefits, as defined in the retirement income plan document. If a participant becomes disabled and meets the criteria, the Retirement Income Plan provides for a disability retirement benefit.

December 31, 2024 and 2023**(000s omitted)****Note 1 - Plan Description (Continued)***Legacy Affiliates Plan*

Participants are entitled to pension benefits (paid monthly or in certain cases as a lump sum) beginning at normal retirement age of 65. The Legacy Affiliates Plan permits early retirement beginning at age 55 if a participant has 10 or more years of credited service. If a participant becomes disabled and meets the criteria, the Legacy Affiliates Plan provides for a disability retirement benefit. In addition, for those with a prior cash balance benefit in LAPP, distributions are permitted at any age after termination of employment.

Employees are entitled to annual pension benefits beginning at the participant's normal retirement age (age under the provisions of the Plan). Vested benefits that are less than a certain amount, as prescribed by the Internal Revenue Code and the Plan, are paid as soon as practical following termination of employment. Vested benefits greater than this amount remain in the Plan until early or normal retirement age. Pension benefits for married participants are paid in the form of a qualified joint and survivor annuity unless elected otherwise by the participant and his or her spouse.

Death Benefits

In certain circumstances, if an active or terminated employee who has a vested interest in the Plans dies prior to their normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the Plans.

Party-in-interest Transactions

Certain plan assets are in investment funds held by the Master Trusts and managed by State Street Corporation or its affiliates. State Street Corporation is the trustee of the Plans; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition

Investments held by the Master Trusts are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value of the Plans' respective interests in the Master Trusts is based on the beginning of the year value of each of the respective Plans' interests in the Master Trusts, plus actual contributions and allocated investment income (loss), less actual distributions for benefit payments, expenses, and allocated expenses. See Note 4 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Benefit Payments

Benefits are recorded when paid. HCPP prefunded retiree benefit payments on the accompanying statements of net assets available for benefits represents funds withdrawn from the GEHC MT and GEPT prior to December 31, 2024 and 2023, respectively, and paid as benefits to participants or beneficiaries in January 2025 and 2024, respectively.

December 31, 2024 and 2023
(000s omitted)

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plans' provisions, to the service employees have rendered through the valuation date. These include benefits expected to be paid to:

- (a) Retired or terminated employees or their beneficiaries
- (b) Beneficiaries of employees who have died
- (c) Present employees or their beneficiaries

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2023 are summarized as follows:

Assumed rate of return	7.00% (7.00% at December 31, 2022)
Mortality basis	HCPP - Pri-2012 mortality study with adjustments for age, sex, and wage class projected generationally to 2016 by the MP-2018 improvement scale and projected generationally from 2016 by the MP-2021 improvement scales for males and females modified to converge to the 2021 proxy SSA long-term rates RIP - Pri-2012 amounts-weighted aggregates rates with blue collar adjustment projected generationally by the MP-2021 improvement scale modified to converge to the 2021 proxy with customization LAPP - Pri-2012 amounts-weighted aggregates rates projected generationally by the MP-2021 improvement scale with customization
Average retirement age	HCPP - Ranging from 60 to 70 RIP - Ranging from 55 to 70 LAPP - Ranging from 55 to 70

The foregoing actuarial assumptions are based on the presumption that the Plans will continue. Were the Plans to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The increase (decrease) in accumulated plan benefits due to changes in actuarial assumptions is primarily due to miscellaneous demographic and other assumptions.

The effects of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted.

The other changes component included in the accompanying statement of changes in accumulated plan benefits represents the normal operations of the Plans. It consists primarily of those items of plan experience not associated with plan asset performance.

December 31, 2024 and 2023

(000s omitted)

Note 2 - Summary of Significant Accounting Policies (Continued)

Administrative Expenses

Certain fees and expenses are directly charged to the Plans and certain fees and expenses are allocated based on the Plans' respective interests in the Master Trusts. Other costs of administering the Plans are paid by the Plan Sponsor and Datex-Ohmeda.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plans and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks, which include risks related to pandemics and international conflict. 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 financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including December 19, 2025, which is the date the financial statements were available to be issued. There are no subsequent events required for recognition or disclosure.

Note 3 - Interest in Master Trusts

As of December 31 2024 and 2023, the GEHC MT has a divided interest in certain assets of the GEPT. As of December 31, 2024, certain investments are held directly by the GEHC MT and certain investments are held by the GEHC MT through its divided interest in the GEPT. As of December 31, 2023, all of the investments are held directly by the GEPT.

HCPP, LAPP, and RIP have an undivided interest in the GEHC MT. These plans do not hold any investments outside of this interest. Investment income and expenses relating to the GEHC MT are allocated to the individual plans based upon average monthly balances invested by each plan. Application of the percentages of each plan's undivided interest in the GEHC MT from the table below to the types of investments held by the GEHC MT represents each respective plan's interest in the investments held by the GEHC MT.

At December 31, 2024 and 2023, the Plans' approximate ownership interests in the GEHC MT (rounded to the nearest 1 percent) were as follows:

	2024	2023
GE HealthCare Pension Plan	95 %	95 %
Legacy Affiliates Plan	5	5
Retirement Income Plan (Less than 1 percent)	-	-
Total GE HealthCare Master Trust investments	100 %	100 %

GE HealthCare Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

(000s omitted)

Note 3 - Interest in Master Trusts (Continued)

The net assets of the GEHC MT at December 31, 2024 and the net assets of the GEPT, and the GEHC MT's divided interest in GEPT balances at December 31, 2023, are as follows:

	December 31, 2024			
	GE HealthCare Pension Master Trust	HealthCare Pension Plan	Retirement Income Plan	Legacy Affiliates Plan
Investments:				
Global equity:				
U.S. equities	\$ 2,764,157	\$ 2,624,323	\$ 13,048	\$ 126,786
Non-U.S. equity securities	520,206	493,889	2,456	23,861
Debt securities:				
Investment fund - Cash	694,655	659,514	3,279	31,862
U.S. government and federal agency	1,372,658	1,303,217	6,480	62,961
U.S. corporate	3,358,876	3,188,956	15,856	154,064
Residential mortgage-backed	36,707	34,850	173	1,684
State and municipal	87,410	82,988	413	4,009
Commercial mortgage-backed	2,508	2,381	12	115
Asset-backed	53,304	50,607	252	2,445
Non-U.S. corporate	752,827	714,743	3,554	34,530
Non-U.S. government	87,917	83,469	415	4,033
Derivatives - Options	35,910	34,093	170	1,647
Derivatives - Swaps	16,614	15,774	78	762
Derivatives - Collateral	(1,008)	(957)	(5)	(46)
Investment fund - fixed income	400,144	379,901	1,889	18,354
Private credit	569,970	541,136	2,691	26,143
Private equities and other investments:				
Investment fund - hedge	516,051	489,945	2,436	23,670
Private equities	1,776,282	1,686,423	8,385	81,474
Real estate	916,296	869,943	4,325	42,028
Total investments	13,961,484	13,255,195	65,907	640,382
Other assets:				
Cash	572,724	543,750	2,704	26,270
Due from broker for securities purchased	477,276	453,132	2,253	21,891
Total other assets	1,050,000	996,882	4,957	48,161
Other liabilities - Due to broker for securities sold and other	(633,926)	(601,856)	(2,993)	(29,077)
Total net assets	\$ 14,377,558	\$ 13,650,221	\$ 67,871	\$ 659,466

GE HealthCare Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

(000s omitted)

Note 3 - Interest in Master Trusts (Continued)

	December 31, 2023	
	GE Pension Trust	GE HealthCare Pension Master Trust
Investments:		
Global equity:		
U.S. equities	\$ 5,643,185	\$ 1,913,521
Non-U.S. equity securities	2,379,713	835,428
Debt securities:		
Investment fund - Cash	2,762,310	957,588
U.S. government and federal agency	6,490,324	2,199,278
U.S. corporate	10,218,659	3,465,547
Residential mortgage-backed	174,643	59,224
State and municipal	275,805	93,592
Commercial mortgage-backed	208,203	70,365
Asset-backed	469,194	158,227
Non-U.S. corporate	1,718,559	582,703
Non-U.S. government	49,541	16,788
Derivatives - Options	13,362	5,000
Derivatives - Swaps	13,834	4,679
Investment fund - fixed income	2,948,021	996,956
Private equities and other investments:		
Investment fund - Hedge	3,071,271	1,017,374
Private equities	6,527,442	2,193,898
Real estate	2,845,711	960,578
Total investments	45,809,777	15,530,746
Other assets:		
Cash	232,029	61,065
Due from broker for securities purchased	625,419	208,430
Income receivable	231,321	80,172
Total other assets	46,898,546	15,880,413
Other liabilities:		
Non-U.S. government	(963,574)	(381,159)
Derivatives - Options	(10,825)	(13,612)
Total other liabilities	(974,399)	(394,771)
Total net assets	\$ 45,924,147	\$ 15,485,642

The net investment income of the GE Pension Trust is as follows:

	2023
Net realized and unrealized gains on investments	\$ 2,335,797
Interest and dividends	1,117,557
Total investment income	\$ 3,453,354

December 31, 2024 and 2023

(000s omitted)

Note 3 - Interest in Master Trusts (Continued)

The net income of the GE HealthCare Pension Master Trust is as follows:

	2024	2023
Net realized and unrealized (losses) gains on investments	\$ (176,626)	\$ 1,186,298
Interest and dividends	307,954	2,497
Investment management expenses	(3,043)	-
Net income	<u>\$ 128,285</u>	<u>\$ 1,188,795</u>

Derivative Instruments

In the normal course of business, the GEHC MT and the GEPT enter into transactions in various financial instruments with off-balance-sheet risk. These financial instruments were held solely by the GEHC MT as of December 31, 2024, and solely by the GEPT as of December 31, 2023. These financial instruments involve varying degrees and types of risks, including interest rate, credit, and market risks, which may be in excess of the amounts recognized in the net assets of the GEHC MT and the GEPT. Forward contracts and futures are recorded at fair value, and the unrealized gain and loss is included in due to brokers and due from brokers in the GEHC MT and the GEPT statements of net assets. Financial futures are marked to market and settled with the broker on a daily basis. The GEHC MT has elected to present derivatives on a gross basis when subject to a master netting arrangement. The GEPT has elected to offset the fair value amounts recognized for receivables and payables for derivative positions executed with the same counterparty under the same master netting agreement. The majority of the GEPT derivative contracts have master netting agreements in place.

The below table represents the notional amounts and fair values of GEHC MT, by primary risk exposure, presented as gross assets and liabilities and gains (losses) as of December 31, 2024:

	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	(Loss) Gain Recognized in Income
Options	\$ 76,875	\$ -	\$ 35,910	\$ -	\$ 35,910	\$ (5,619)
Swaps	1,051,468	(333,317)	1,402,215	(1,385,601)	16,614	1,174

The below table represents the notional amounts and fair values of the GEPT, by primary risk exposure, presented as gross assets and liabilities and gains (losses) as of December 31, 2023:

	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	Gain Recognized in Income
Swaptions	\$ 31,675	\$ (19,347)	\$ 6,715	\$ -	\$ 19,044	\$ 7,452

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plans have the ability to access.

December 31, 2024 and 2023**(000s omitted)****Note 4 - Fair Value Measurements (Continued)*****Level 2***

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plans' assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Master Trusts' investments:

Global Equities

Level 1 global equities, which include mutual funds, common stock, and registered investment companies, are valued at quoted prices reported in active markets. A subset of the funds in this asset class are structured as common/collective trusts. Common/collective trusts are valued at the net asset value (NAV) per share or its equivalent of the funds, which is based on the fair value of the funds' underlying net assets.

Debt Securities

Debt securities, which include investments in state and municipal debt, U.S. and non-U.S. government bonds, commercial mortgage-backed securities, option derivatives, and swap derivatives, are valued based on quotes received from independent pricing services or from dealers who make markets in such securities. Pricing services utilize matrix pricing, which considers readily available inputs such as the yield or price of securities of comparable quality, coupon, maturity, and type.

Certain debt securities are valued at the NAV per share or its equivalent of the fixed-income funds, which is based on the fair value of the fixed-income funds' underlying net assets.

Option and swap derivatives are valued based upon the expected amount that the Master Trusts would receive or pay to exit the derivative at the reporting date. The valuation methodology uses the income approach and relies on inputs, including, but not limited to, benchmark yields, swap curves, cash flow analysis, ratings updates, and interdealer broker rates.

The cash in the investment fund is valued based on quoted market prices.

Private Equities and Other Investments

Certain investments in private equities are valued at the NAV per share or its equivalent of the funds, which is based on the fair value of the funds' underlying net assets.

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

Certain investments in private equities are valued using unobservable inputs and are, therefore, classified as Level 3. Private equity security valuations are reviewed at the end of each reporting period utilizing available market data to determine whether or not any fair value adjustments are necessary. The market data includes recent transactions in the same or similar instruments, completed or pending third-party transactions in the underlying investment or comparable issuers. Unobservable inputs include company specific fundamentals and other third-party transactions in that security.

Real Estate

Certain real estate investments are valued at the NAV per share or its equivalent of the real estate funds, which is based on the fair value of the funds' underlying net assets.

Certain real estate investments are valued using discounted cash flow techniques using estimated future cash flows generated by the property, market analysis and sales comparison information. Cash flow estimates are based on current market estimates that reflect current and projected lease profiles and available industry information about expected trends in rental, occupancy, and capitalization rates.

GE HealthCare Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

The following table presents information about the GEHC MT investments measured at fair value on a recurring basis at December 31, 2024:

GE HealthCare Master Trust Net Assets at December 31, 2024				
	GE HealthCare Master Trust	Level 1	Level 2	Level 3
Investments at fair value:				
Global equity:				
U.S. equities	\$ 1,398,208	\$ 1,398,208	\$ -	\$ -
Non-U.S. equities	371,817	371,817	-	-
Debt securities:				
Investment fund - Cash	694,655	694,655	-	-
Investment fund - Fixed income	10,503	6,086	4,417	-
U.S. government and federal agency	1,372,658	-	1,372,658	-
U.S. corporate	3,358,876	-	3,358,876	-
Residential mortgage-backed	36,707	-	36,707	-
State and municipal	87,410	-	87,410	-
Commercial mortgage-backed	2,508	-	2,508	-
Asset-backed	53,304	-	53,304	-
Non-U.S. corporate	752,827	-	752,827	-
Non-U.S. government	87,917	-	87,917	-
Derivatives - Options	35,910	-	35,910	-
Derivatives - Swaps	16,614	-	16,614	-
Derivatives - Collateral	(1,008)	(1,008)	-	-
Private equities and other investments - Private equities	222,547	6,872	-	215,675
Real estate	372,698	-	-	372,698
Total investments	8,874,151	\$ 2,476,630	\$ 5,809,148	\$ 588,373
Investments measured at NAV:				
Global equity:				
U.S. equities (1)	1,365,949			
Non-U.S. equity securities (1)	148,389			
Debt securities:				
Investment fund - Fixed income	389,641			
Private credit	569,970			
Private equities and other investments:				
Private equities	1,553,735			
Investment fund - Hedge	516,051			
Real estate	543,598			
Total investments at fair value	\$ 13,961,484			

GE HealthCare Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

The following table presents information about the GEPT investments measured at fair value on a recurring basis at December 31, 2023:

GE Pension Trust Net Assets at December 31, 2023				
	GE Pension Trust	Level 1	Level 2	Level 3
Investments at fair value:				
Global equity:				
U.S. equities	\$ 1,449,969	\$ 1,449,969	\$ -	\$ -
Non-U.S. equity securities	1,586,262	1,586,262	-	-
Debt securities:				
Investment fund - Cash	2,762,310	2,762,310	-	-
U.S. government and federal agency	6,490,324	-	6,490,324	-
U.S. corporate	10,218,659	-	10,218,659	-
Residential mortgage-backed	174,643	-	174,643	-
State and municipal	275,805	-	275,805	-
Commercial mortgage-backed	208,203	-	208,203	-
Asset-backed	469,194	-	468,773	421
Non-U.S. corporate	1,718,559	-	1,718,559	-
Non-U.S. government	49,541	-	49,541	-
Derivatives - Options	13,362	-	13,362	-
Derivatives - Swaps	13,834	-	13,834	-
Private equities and other investments	661,324	-	-	661,324
Real estate	1,196,021	-	-	1,196,021
Total investments	27,288,010	\$ 5,798,541	\$ 19,631,703	\$ 1,857,766
Investments measured at NAV:				
Global equity:				
U.S. equities	4,193,216			
Non-U.S. equity securities	793,451			
Debt securities - Investment fund - Fixed income	2,948,021			
Private equities and other investments:				
Investment fund - Hedge	3,071,271			
Private equities	5,866,118			
Real estate	1,649,690			
Total investments at fair value	\$ 45,809,777			

- (1) The class represents investments in actively managed common/collective trust funds that invest primarily in equity securities that may include both U.S. and Non-U.S. common stocks, options, and futures.

The Master Trusts' policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer as of the end of the reporting period.

Notes to Financial Statements

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

Changes in the GEHC MT Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2024 are as follows:

	Debt Securities	Private Equities and Other Investments	Real Estate
Balance at January 1, 2024	\$ 142	\$ 223,858	\$ 402,449
Purchases, issuances, sales, and settlements:			
Purchases	-	8,959	26,379
Sales	-	(13,826)	(61,714)
Total realized losses	-	(6,724)	(11,074)
Total unrealized (losses) gains	(142)	(2,922)	16,658
Transfers in	-	6,330	-
Balance at December 31, 2024	<u>\$ -</u>	<u>\$ 215,675</u>	<u>\$ 372,698</u>

Changes in the GEPT Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2023 are as follows:

	Debt Securities	Private Equities and Other Investments	Real Estate
Balance at January 1, 2023	\$ 421	\$ 796,355	\$ 1,540,439
Purchases, issuances, sales, and settlements:			
Purchases	-	23,402	31,316
Sales	-	(22,242)	(89,589)
Total realized (losses) gains	-	(78,490)	20,497
Total unrealized losses	-	(57,701)	(306,642)
Balance at December 31, 2023	<u>\$ 421</u>	<u>\$ 661,324</u>	<u>\$ 1,196,021</u>

Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities. As a result, the unrealized gains and losses for these assets and liabilities presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs.

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

Quantitative Information about Level 3 Fair Value Measurements

The following table summarizes the valuation methods and inputs used to determine fair value at December 31, 2024 and 2023 for assets and liabilities measured at fair value on a recurring basis using unobservable inputs:

	Fair Value at December 31, 2024	Valuation Technique	Significant Unobservable Inputs Used	Range of Inputs	Weighted Average of Inputs
Investments:					
		Combination (Market & Income approach)	Revenue	0.9x - 8.0x	4.8x
Private equity	\$ 36,946		EBITDA	13.0x - 14.5x	13.2x
			Capitalization rate	5.5% - 8.5%	6.1%
		Discounted cash flow	Discount rate	6.8% - 10.3%	7.5%
Real estate	253,925				

The remaining amount of Level 3 investments as of December 31, 2024 totaling \$297,502 were individually insignificant and utilize valuation techniques for which no observable inputs are disclosed generally reflect the use of third-party pricing services or dealers, and the range of unobservable inputs applied by these sources is not readily available or cannot be reasonably estimated.

	Fair Value at December 31, 2023	Valuation Technique	Significant Unobservable Inputs Used	Range of Inputs	Weighted Average of Inputs
Investments:					
		Combination (Market & Income approach)	Revenue	1.70x - 8.00x	4.55x
Private equity	\$ 119,615		EBITDA	13x - 14x	13.18x
			Capitalization rate	5.25% - 8.50%	6.07%
		Discounted cash flow	Discount rate	6.75% - 10.25%	7.42%
Real estate	899,542				

The remaining amount of Level 3 investments as of December 31, 2023 totaling \$838,609 were individually insignificant and utilize a number of different unobservable inputs (EBITDA, revenue) and combination of methods (market comparables, market transactions, income approach - DCF) to derive investment valuation.

Investments in Entities that Calculate Net Asset Value per Share

The GEPT and the GEHC MT hold shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

GE HealthCare Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

At year end, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	December 31, 2024 (GEHC MT)	December 31, 2023 (GEPT)			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Investments:					
Global equity	\$ 1,514,338	\$ 4,986,667	\$ -	Daily - Annually	15 - 30 days
Debt securities	959,611	2,948,021	152,893	Daily - Monthly	5 - 15 days
Private equities and other investments	2,069,786	8,937,389	349,801	Non-redeemable	Non-redeemable
Real estate	543,598	1,649,690	139,629	10 or more years	N/A
Total	<u>\$ 5,087,333</u>	<u>\$ 18,521,767</u>	<u>\$ 642,323</u>		

Note 5 - Plan Termination

Should the Plans terminate at some future time due to distress, their net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Although it has not expressed any intention to do so, the Company has the right under the Plans to terminate the Plans subject to the provisions set forth in ERISA. In the event the Company exercises this right for any reason other than distress, all benefits would be fully paid to participants.

Note 6 - Tax Status

HCPP, RIP, and LAPP have received determination letters dated July 1, 2025; April 28, 2017; and April 23, 2021, respectively, from the Internal Revenue Service indicating that these plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although RIP and LAPP have been amended since receiving the determination letters, management believes that these plans are designed and are currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in these financial statements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

Number of participants and average plan compensation distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										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
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	2	5	0	0	0	0	0	0	7
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	3	42	141	21	0	0	0	0	0	207
	-	-	166,193	149,346	113,831	-	-	-	-	-	149,800
40-44	3	7	50	240	196	42	0	0	0	0	538
	-	-	159,748	157,785	161,679	120,840	-	-	-	-	156,116
45-49	8	19	65	299	398	142	1	0	0	0	932
	-	-	155,030	155,035	156,871	151,158	-	-	-	-	155,772
50-54	6	19	70	294	449	261	32	4	0	0	1,135
	-	-	192,831	161,526	161,262	149,091	161,878	-	-	-	160,482
55-59	8	16	43	248	464	377	86	121	28	0	1,391
	-	-	170,717	151,609	155,882	146,347	176,526	159,991	157,687	-	154,872
60-64	3	7	50	188	270	301	46	65	56	23	1,009
	-	-	155,643	146,508	140,731	141,070	181,183	162,460	158,853	128,347	146,805
65-69	2	6	24	60	74	79	15	14	22	18	314
	-	-	124,664	138,172	130,396	135,349	-	-	157,989	-	138,296
70 & over	0	1	2	2	6	7	1	1	1	0	21
	-	-	-	-	-	-	-	-	-	-	127,921
Total	30	78	348	1,477	1,878	1,209	181	205	107	41	5,554
	166,241	163,286	164,551	153,689	154,317	144,346	174,414	159,144	158,604	135,727	153,590

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: GE HealthCare Pension Plan
 EIN / PN: 88-2515116/001
 Plan Sponsor: GE HealthCare Technologies Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

GE HealthCare Technologies Inc.

EIN/PN

88-2515116/001

Economic Assumptions

Interest rate basis

■ Applicable month

September

■ Interest rate basis

3-Segment Rates

Interest rates

■ First segment rate

Reflecting
Stabilization

Not Reflecting
Stabilization

4.75%

3.62%

■ Second segment rate

4.87%

4.46%

■ Third segment rate

5.59%

4.52%

■ Effective interest rate

5.12%

4.43%

Compensation Increases

For purposes of determining the target normal cost and the additional funding target for maximum deductible contribution purposes:

Salary increases by wage class, compounded annually:

	<u>2024*</u>	<u>2025 and</u> <u>later</u>
Salaried Exempt	N/A	N/A
Non-Exempt Clerical	N/A	N/A
Non-Union Production	4.00%	N/A
Union	4.00%	N/A

Incentive Compensation for 2024* and future years is assumed equal to 100% of individual target amounts increased 5% annually.

* Increase listed as 2024 is the increase from 2023 earnings to 2024 earnings.

Future Increases in Social Security

For purposes of determining target normal cost and the additional funding target for maximum deductible contribution purposes, the National Average Wage Index is assumed to increase by 3.50% per annum.

Plan Name: GE HealthCare Pension Plan
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SCHEDULE SB ATTACHMENTS

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Administrative Expenses

The amount included for administrative expenses is \$79,000,000, as provided by GE HealthCare on July 9, 2024 and updated to include an estimate of the 2024 PBGC variable rate premium. The estimate is based on GE HealthCare's expectation of expenses for PBGC premiums, actuarial fees and costs associated with the delivery of benefits during 2024.

Other Economic Assumptions

PPA Interest Credits for 2024	5.25%
PPA Interest Credits for 2025 & later	5.25%
VPA Interest Credits for 2024	5.25%
VPA Interest Credits for 2025 & later	5.50%
Interest Credits on Pre-1989 Employee Contributions	5.00%

PPA Conversion Basis: 6.25% and the mortality table specified in IRS Notice 2023-73. For ASC 960, the mortality is projected to retirement year using the MP-2021 projection scale.

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 that there will be no new or rehired employees.

Mortality

For healthy participants: 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).

For disabled participants: The same mortality tables for non-disabled individuals are used.

Plan Name:	GE HealthCare Pension Plan
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Plan Sponsor:	GE HealthCare Technologies Inc.
Valuation Date:	January 1, 2024

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Retirement

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.

a. Legacy Participants

Age Nearest Birthday	Assumed Annual Retirement Rate
60	.200
61	.275
62	.275
63	.250
64	.250
65	.350
66	.350
67	.300
68	.300
69	.350
70	1.000

In the first year of eligibility for supplements, retirees are assumed to retire at a rate of 40% at age 60, 35% at age 61, and 30% at age 62.

0.75% of employees meeting the required age and service are assumed to be affected by a qualifying job loss which would make such employees eligible for certain HCPP benefits under the plan's long-service security provisions.

75% of terminated vested participants are assumed to retire at age 60 and 25% are assumed to retire at age 62.

b. New Plan Participants

Age Nearest Birthday	Assumed Annual Retirement Rate
60	.0400
61	.0500
62	.1000
63	.1000
64	.1000
65	.3500
66	.3500
67	.3000
68	.3000
69	.3500
70	1.0000

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0.75% of employees meeting the required age and service are assumed to be affected by a qualifying job loss which would make such employees eligible for certain HCPP benefits under the plan's long-service security provisions.

75% of terminated vested participants are assumed to retire at age 60 and 25% are assumed to retire at age 62.

Disability Rates

Rates varying by sex, salary class, and age based on DP-85 Table. (Salaried males: 62.5% of Class 1 male rates. Hourly males: 125% of Class 1 male rates. Salaried females: 62.5% of Class 1 female rates. Hourly females: 110% of Class 1 female rates.) Sample rates are shown below:

Salaried Employees		
Age Nearest Birthday	Males	Females
25	.000232	.000279
30	.000294	.000475
35	.000416	.000810
40	.000694	.001269
45	.001201	.001935
50	.002119	.003166
55	.004213	.005622
60	.007491	.007197
65	.010394	.008075

Hourly Employees		
Age Nearest Birthday	Males	Females
25	.000463	.000490
30	.000588	.000836
35	.000832	.001425
40	.001388	.002233
45	.002400	.003405
50	.004238	.005572
55	.008425	.009895
60	.014982	.012667
65	.020788	.014212

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SCHEDULE SB ATTACHMENTS

Representative Termination Rates not Due to Disability, Retirement or Mortality

HCPP withdrawal rates reflect an ultimate assumption by wage class. The ultimate rates change once a participant has earned at least twenty-five years of PQS.

i. Ultimate Rates – Pension Qualification

Service less than 25 years

Age	Salaried	Production
25	.1000	.0800
30	.0925	.0800
35	.0860	.0750
40	.0800	.0700
45	.0800	.0650
50	.0800	.0600
55	.0800	.0550
60	.0000	.0000

ii. Ultimate Rates – Pension Qualification

Service of 25 years or more

Age	Salaried	Production
40	.0320	.0280
45	.0320	.0260
50	.0320	.0240
55	.0320	.0220
60	.0000	.0000

Rates above are before adjustment for long-service security decrement, if any, described in Retirement Rates.

Unpredictable Contingent Event Benefits

The Funding Target includes \$0 of additional liability for anticipated early retirements under the SERO plan provisions available for eligible retirements on or before July 1, 2023, based on the information available as of the valuation date.

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SCHEDULE SB ATTACHMENTS

Spouse Assumptions

Where spouse date of birth not in data, female spouse is assumed to be two years younger than male. In addition, the following assumptions are made for active and terminated vested employees.

	Male	Female
% Married	85%	45%
% Electing Spouse Option	70%	50%

VPA Participation Rate

The VPA participation rate varies by wage class as outlined below:

Legacy Participants

Hourly Employees	25%
Non-exempt Employees	30%
Exempt Employees	35%

New Plan Participants

Hourly Employees	20%
Non-exempt Employees	25%
Exempt Employees	30%

PPA/VPA Forms of Payment

The assumptions for PPA/VPA form of payment election are outlined below.

For an active or terminated vested participant assumed to elect an annuity form of payment, the annuity is assumed to be paid based on the normal form of payment and the spouse assumption noted above.

The PPA/VPA Form of Payment election is based on an experience study conducted in late 2004, and modified based on another experience study conducted in December 2011, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Decrement Type	<u>Active Participants</u>	
	Age at Decrement	PPA/VPA Form of Payment % Electing
Retirement	All	30% Immediate Lump Sum
		70% Immediate Annuity
Termination (not under long-service security decrement)	<50	15% Immediate Lump Sum
		19.125% Deferred to Age 60 Lump Sum
		6.375% Deferred to Age 62 Lump Sum
		44.625% Deferred to Age 60 Annuity
		14.875% Deferred to Age 62 Annuity

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	50-54	15% Immediate Lump Sum 10% Immediate Annuity 16.875% Deferred to Age 60 Lump Sum 5.625% Deferred to Age 62 Lump Sum 39.375% Deferred to Age 60 Annuity 13.125% Deferred to Age 62 Annuity
	55-59	30% Immediate Lump Sum 30% Immediate Annuity 9% Deferred to Age 60 Lump Sum 3% Deferred to Age 62 Lump Sum 21% Deferred to Age 60 Annuity 7% Deferred to Age 62 Annuity
Termination (under long-service security decrement)	<50	15% Immediate Lump Sum 25.5% Deferred to Age 55 Lump Sum 59.5% Deferred to Age 55 Annuity
	50-54	15% Immediate Lump Sum 10% Immediate Annuity 22.5% Deferred to Age 55 Lump Sum 52.5% Deferred to Age 55 Annuity
	55-59	30% Immediate Lump Sum 70% Immediate Annuity
Disability	All	100% Immediate Lump Sum
In-Service Mortality	All	100% Immediate Lump Sum

PPA/VPA Forms of Payment (continued)

Terminated Vested Participants with Unannuitized PPA/VPA Account Balance

% Electing lump sum at age 60 (or current age if older): 22.5%
 % Electing lump sum at age 62 (or current age if older): 7.5%
 % Electing annuity at age 60 (or current age if older): 52.5%
 % Electing annuity at age 62 (or current age if older): 17.5%

Retirees with Unannuitized PPA/VPA Account Balance

% Electing single life annuity with a five year certain at age 70 1/2 (or current age if older) : 100%

Plan Name: GE HealthCare Pension Plan
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SCHEDULE SB ATTACHMENTS

Methods

Valuation Date

First day of the plan year.

Funding Target

Present value of accrued benefits as required by regulations under IRC §430.

Target Normal Cost

Present value of benefits expected to accrue during plan year plus plan related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

Actuarial value of assets – Asset Method

Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year). Permitted adjustments are made to the number of averaged values until the plan has sufficient experience to average adjusted asset values on the valuation date and the dates 12 and 24 months before the valuation date.

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 significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant Data

Willis Towers Watson US LLC processed and valued the data files of active employees, terminated vested employees, and retired employees received from GE HealthCare and the other providers of data. WTW made some checks of the data for general reasonableness but relied on the data provided as being accurate and appropriate for valuation purposes. Assets were valued by the Company.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2024 is used to determine the maximum deductible contribution for the tax year ending December 31, 2024.

Plan Name:	GE HealthCare Pension Plan
EIN / PN:	88-2515116/001
Plan Sponsor:	GE HealthCare Technologies Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not Included in Valuation

All benefits described in the Plan Provisions section of this report were valued, including the estimate for SERO benefits described above, based on discussions with GE HealthCare regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with GE HealthCare and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

General Electric furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information 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.

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

Plan Name:	GE HealthCare Pension Plan
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Plan Sponsor:	GE HealthCare Technologies Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate 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.

Rates of increase in:

- **Compensation** Assumed increases were chosen by GE and represent an estimate of future experience based on GE HealthCare's long-term outlook for pay increases. We believe these assumptions are consistent with each other and the expected inflation rate.

GE HealthCare provides us with short-term salary scale assumptions for the first projection year in our valuation model.
- **Social Security** Assumed increase in the Social Security Wage Base was chosen by GE HealthCare and represents an estimate of future experience.
- **Assumed return for asset smoothing** The assumed return of 5.74% used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate.
- **Plan-related expenses** As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Other Economic Assumptions

The plan credits interest to PPA accounts using 120% of the Federal Midterm Rate in effect on January 1 and to VPA accounts using the greater of the average of the annual 10-year constant maturity yield on U.S. Treasury Securities for the preceding three years and the PPA crediting rate. Projected rates were selected by GE HealthCare based on a study conducted in December 2011 and are assumed to be 100 basis points below the annuity conversion rate for PPA and 75 basis points below the annuity conversion rate for VPA.

PPA/VPA contributions are assumed to convert to annuities using a long-term rate that is consistent with our expectation of the long-term plan conversion rate based on high quality corporate bond yields.

Plan Name: GE HealthCare Pension Plan
EIN / PN: 88-2515116/001
Plan Sponsor: GE HealthCare Technologies Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic 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	The termination rates were based on an experience study conducted in June 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	The retirement rates for both Legacy and New Plan Participants were based on an experience study conducted in June 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Spouse assumptions	GE HealthCare selected the assumed married and percentage electing the spouse option assumption based on an experience study performed by PricewaterhouseCoopers.
VPA Participation Rate	The PPA/VPA election assumption is based on an experience study conducted in August 2009, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
PPA/VPA Forms of Payment	The PPA/VPA form of payment election is based on an experience study conducted in late 2004, and modified based on another experience study conducted in December 2011, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name: GE HealthCare Pension Plan
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SCHEDULE SB ATTACHMENTS

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 and target normal cost were updated to reflect the rates in effect for the applicable month for the current valuation year as required by IRC §430.

The mortality table and improvement assumption was updated as required by IRC §430.

The salary scale assumption was updated to reflect the plan sponsor’s expectations and the forthcoming plan freeze.

The assumed plan-related expenses added to the target normal cost were changed from \$75,000,000 for the prior valuation to \$79,000,000 for the current valuation to account for higher expected expenses to be paid from the trust.

Change in methods since prior valuation

No changes since prior valuation.

Plan Name: GE HealthCare Pension Plan
EIN / PN: 88-2515116/001
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SCHEDULE SB ATTACHMENTS

Model Descriptions and Disclosures (in accordance with ASOP No. 56)

Quantify

Quantify is the WTW centrally developed, tested and maintained Global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits and value benefit liabilities, develop results using applicable standards, and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure that system parameters have been set appropriately and plan provisions coded correctly.

Published Demographic Tables

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise.

Plan Name:	GE HealthCare Pension Plan
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Plan Sponsor:	GE HealthCare Technologies Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	GE HealthCare Technologies Inc.
EIN/PN	88-2515116/001
Plan Name	GE HealthCare Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Colin Slovenkay
Enrollment Number	23-08143

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.

Plan Name:	GE HealthCare Pension Plan
EIN / PN:	88-2515116/001
Plan Sponsor:	GE HealthCare Technologies Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 GE HealthCare Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GE HealthCare Technologies Inc.	D Employer Identification Number (EIN) 88-2515116
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2024	
2 Assets:	
a Market value	2a 14,790,273,088
b Actuarial value	2b 14,633,734,777
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	62,302 11,237,591,752 11,237,591,752
b For terminated vested participants	28,865 3,088,950,385 3,088,950,385
c For active participants	5,554 1,744,426,381 1,794,118,824
d Total	96,721 16,070,968,518 16,120,660,961
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 5.12 %
6 Target normal cost	
a Present value of current plan year accruals	6a 30,032,814
b Expected plan-related expenses	6b 79,000,000
c Target normal cost	6c 109,032,814

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 CS Signature of actuary Colin Slovenkay, F.S.A, E.A Type or print name of actuary Willis Towers Watson US LLC Firm name 800 North Glebe Road Floor 10 Arlington VA 22203 Address of the firm	Date 2308143 Most recent enrollment number 703-258-8000 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 ☐

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

Schedule SB (Form 5500) 2024
v. 240311

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	1,247,247,758
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	356,165,010
9 Amount remaining (line 7 minus line 8)	0	891,082,748
10 Interest on line 9 using prior year's actual return of <u>7.94</u> %	0	70,751,970
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>5.25</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	961,834,718

Part III Funding Percentages

14 Funding target attainment percentage	14	84.80 %
15 Adjusted funding target attainment percentage	15	84.80 %
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	83.30 %
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
01/01/2024	0	29,445			
02/01/2024	0	325,611			
03/01/2024	0	716,557			
04/01/2024	0	161,553			
06/01/2024	0	276,127			
07/01/2024	0	287,182			
08/01/2024	0	306,310			
09/01/2024	0	299,304			
10/01/2024	0	321,061			
11/01/2024	0	351,057			
12/01/2024	0	796,410			
Totals ▶			18(b)	0	18(c) 3,870,617

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	
0	0	0		0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No	
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ 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. ☒ Yes ☐ No	
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ 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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	109,032,814	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2,448,760,902	234,453,104	
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	343,485,918	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	343,485,918	343,485,918
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)
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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. ☒ 2019 ☐ 2020 ☐ 2021
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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	21,023,000	70,767,174	1,053,583,115	1,145,373,289
2025	38,517,901	66,997,116	1,028,239,185	1,133,754,202
2026	54,398,401	89,582,872	996,529,239	1,140,510,512
2027	68,483,339	111,867,188	965,070,117	1,145,420,644
2028	80,787,816	133,067,564	933,993,585	1,147,848,965
2029	91,164,871	151,398,128	903,672,826	1,146,235,825
2030	100,137,506	168,225,330	873,692,549	1,142,055,385
2031	108,496,814	183,126,161	843,127,167	1,134,750,142
2032	115,655,266	196,441,756	811,933,208	1,124,030,230
2033	121,855,150	207,942,825	780,184,985	1,109,982,960
2034	127,464,766	217,200,780	747,779,697	1,092,445,243
2035	132,066,365	225,840,872	714,545,384	1,072,452,621
2036	136,359,987	233,835,022	680,519,594	1,050,714,603
2037	140,191,748	239,535,160	645,939,070	1,025,665,978
2038	143,257,642	244,467,345	610,852,937	998,577,924
2039	145,880,355	248,126,123	575,347,719	969,354,197
2040	147,581,689	250,054,198	539,569,501	937,205,388
2041	148,349,958	250,606,155	503,717,577	902,673,690
2042	148,320,494	250,170,932	467,908,937	866,400,363
2043	147,235,225	248,814,277	432,301,206	828,350,708
2044	145,803,118	246,012,671	397,113,940	788,929,729
2045	143,431,584	242,926,166	362,549,843	748,907,593
2046	140,829,694	238,689,194	328,812,482	708,331,370
2047	137,588,207	233,994,701	296,111,171	667,694,079
2048	133,839,360	228,536,740	264,655,111	627,031,211
2049	129,643,501	222,129,942	234,642,225	586,415,668
2050	124,984,539	215,280,893	206,258,302	546,523,734

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	119,975,209	207,779,276	179,670,231	507,424,716
2052	114,664,798	199,828,300	155,019,993	469,513,091
2053	109,108,263	191,410,534	132,419,430	432,938,227
2054	103,372,936	182,552,553	111,943,687	397,869,176
2055	97,459,681	173,284,941	93,625,351	364,369,973
2056	91,459,888	163,650,350	77,451,126	332,561,364
2057	85,404,989	153,710,282	63,363,063	302,478,334
2058	79,356,803	143,541,353	51,262,163	274,160,319
2059	73,363,263	133,236,014	41,014,475	247,613,752
2060	67,479,876	122,896,244	32,459,318	222,835,438
2061	61,751,733	112,629,683	25,417,916	199,799,332
2062	56,218,131	102,543,145	19,703,385	178,464,661
2063	50,913,504	92,737,529	15,129,538	158,780,571
2064	45,864,876	83,303,691	11,517,790	140,686,357
2065	41,092,806	74,319,323	8,702,361	124,114,490
2066	36,612,506	65,847,217	6,533,981	108,993,704
2067	32,432,473	57,934,682	4,882,091	95,249,246
2068	28,556,659	50,613,357	3,635,601	82,805,617
2069	24,984,713	43,900,178	2,702,420	71,587,311
2070	21,713,379	37,799,182	2,007,985	61,520,546
2071	18,737,583	32,302,511	1,493,313	52,533,407
2072	16,048,312	27,392,774	1,112,717	44,553,803
2073	13,635,219	23,044,920	831,372	37,511,511

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

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Schedule SB, Part V Summary of Plan Provisions

1. Effective Date:

- a. Plan - April 12, 1912
- b. Latest Amendment¹ - January 1, 2023

2. Eligibility for Participation:

Participation in the plan was closed to salaried colleagues 12/31/2010 and MSDS colleagues 12/31/2011 and accruals in the plan are frozen for salaried colleagues as of 12/31/2020 and for MSDS colleagues as of 12/31/2024.

Participation in the plan and accruals in the plan are frozen as of 12/31/2024.

January 1 following date of hire by GE HealthCare or a GE HealthCare affiliate that participated in the GE Pension Plan, unless:

- i. Covered by a collective bargaining agreement that does not provide for participation in the plan;
 - ii. Employed by a non-participating affiliate;
 - iii. Hired on a temporary basis (though certain temporary employees working over 180 days are included);
 - iv. A leased employee or independent contractor;
- or
- v. In any special classifications that are not eligible, as determined by GE HealthCare

Effective January 1, 2001, an automatic enrollment feature became effective for eligible employees; those not wishing to participate may opt out.

Employees with a first day of work on or after January 1, 2011 who would otherwise become New Plan Participants are not eligible to participate in the GE HealthCare Pension Plan. Employees with a first day of work on or after January 1, 2012 who would otherwise become Legacy Participants are not eligible to participate in the GE HealthCare Pension Plan.

¹ The plan provisions shown reflect the plan changes as communicated to participants in 2023.

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As of December 31, 2020, future benefit accruals, including compensation and PBS, for exempt employees and non-exempt employees who are not in a Manufacture-Store-Deliver-Service (MSDS) position will cease. Employees with a first day of work on or after January 1, 2011 who would otherwise become New Plan Participants are not eligible to participate in the GE HealthCare Pension Plan. Employees with a first day of work on or after January 1, 2012 who would otherwise become Legacy Participants are not eligible to participate in the GE HealthCare Pension Plan.

Effective January 1, 2023, in anticipation of General Electric Company's split into three separate companies comprising its aviation, healthcare, and energy businesses, respectively, the benefits, assets, and liabilities under the GE Aerospace Pension Plan (formerly known as the GE Pension Plan) attributable to certain individuals were transferred to this Plan, as described in Appendix D of the plan document. For the avoidance of doubt, an individual whose benefits remain with the GE Aerospace Pension Plan, or were transferred to the GE Energy Pension Plan, shall have no benefits or rights under this Plan, unless the individual's benefit is transferred to this Plan in accordance with Appendix D of the plan document. This Plan is a continuation of the GE Aerospace Pension Plan with respect to the individuals transferred to it. After December 31, 2022, no individual whose benefit is transferred to this Plan from the GE Aerospace Pension Plan (nor any of their beneficiaries or alternate payees) shall accrue additional benefits or service, or have any rights, under, or with respect to, the GE Aerospace Pension Plan (even if such individual is subsequently employed by, or has service with General Electric Company or the GE Affiliates), unless the individual's benefit is transferred back to the GE Aerospace Pension Plan in accordance with Appendix D of the plan document. Because this Plan is a continuation of the GE Aerospace Pension Plan, this summary of plan provisions includes the provisions of the GE Aerospace Pension Plan that applied before January 1, 2023.

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3. Retirement Eligibility Dates:

a. Normal - First day of month following age 65

b. Early - First day of month following age 60

The Plan allows retirement prior to age 60 under limited conditions; some of the key conditions are summarized below.

Special Early Retirement Option (SERO): Legacy Participants terminating on or after July 1, 2019 and before July 1, 2023, whose termination is due to an eligible permanent job loss event, may be eligible for early retirement if:

- they are at least age 55 and less than age 60 with at least 25 years of Pension Qualification Service (PQS) on the date of the permanent job loss event
- or for hourly and nonexempt salaried participants only, if they are directly impacted by a permanent job loss event or a pay rate reduction of at least 18% resulting from one or more job loss events in a rolling 12-month period and they are under age 55 with at least 30 years of PQS on the date of the permanent job loss event.

Retirement under SERO must occur in the first month eligible for this option.

Plant Closing Pension Option (PCPO): Legacy Participants terminating on or after July 1, 2019 and before July 1, 2027, whose termination is connected with an eligible plant closing, may be eligible for early retirement at the ages shown if their service and age at the end of the calendar year of the plant closing are at least equal to that shown below and retirement occurs in the first month eligible for this option:

Age	Years of PQS
Less than 50	30
50	25
51	22
52	19
53	16
54	13
Greater than 54	10

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Accelerated Payment Option (APO): Legacy and New Plan Participants with at least 25 years of PQS who terminate due to an eligible plant closing, transfer to a successor employer under specific eligibility conditions or after one year on layoff with protected service may be eligible to retire as early as age 55. This option is not available to participants who retire under SERO or PCPO or who withdraw their pre-1989 contributions.

c. Deferred - Anytime after normal retirement date; payments begin not later than the March 1 following the year the participant attains age 70½.

d. Disability - Fifteen or more years of PQS and permanently disabled while an active employee participating in the GE HealthCare Pension Plan. For New Plan Participants, no disability pension is available for retirements that occur on or after age 60. Permanently disabled means permanently impaired and unable to perform present job or any other available GE HealthCare job for which employee is reasonably suited by education, training, or experience, as determined by the benefits administrator. For eligible recipients, payments generally begin six months after permanent disablement and may be discontinued if employee regains work capacity.

4. Retirement Benefits:

a. Normal - Benefit of (1), updated by (2), plus (3), but no less than (4). In addition, benefit provided by the Personal and Voluntary Pension Accounts described in (5), as a lump sum or as an annuity.

(1) Future Service Annuity - Annual benefit equal to the sum of:

i. 40.0% of the employee's total contributions during the period September 1, 1946 to August 14, 1955.

ii. 0.8% of the employee's compensation earned each year from August 15, 1955 to December 31, 1966 up to an amount equal to the Social Security Wage Base plus 2.0% of remaining compensation.

iii. 1.0% of first \$6,600 of employee's compensation earned in each calendar year from January 1, 1967 to December 31, 1979, plus 2.1% of remaining compensation.

iv. 1.2% of first \$9,000 of employee's compensation earned in each calendar year from January 1, 1980 to

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December 31, 1982, plus 2.2% of remaining compensation.

- v. 1.3% of first \$12,000 of employee's compensation earned in each calendar year from January 1, 1983 to December 31, 1985, plus 2.4% of remaining compensation.
- vi. 1.3% of first \$14,000 of employee's compensation earned in each calendar year from January 1, 1986 to December 31, 1988, plus 2.4% of remaining compensation.
- vii. 1.45% of employee's compensation earned in each calendar year from January 1, 1989 to December 31, 1990, up to Social Security Covered Compensation for each such year, plus 1.90% of remaining compensation (1.45% of all compensation earned in each calendar year after Pension Benefit Service (PBS) as of January 1 exceeds 34 years).
- viii. 1.45% of employee's compensation earned in each calendar year after December 31, 1990, up to Plan Covered Compensation, plus 1.90% of remaining compensation. (Through 2000, 1.45% of all compensation earned in each calendar year after PBS as of January 1 exceeds 34 years). Plan Covered Compensation is defined to be:
 - (1) Social Security Covered Compensation for 1991,
 - (2) \$18,000 for 1992,
 - (3) Social Security Covered Compensation less \$3,192 for 1993 and 1994,
 - (4) Social Security Covered Compensation less \$4,500 for 1995, 1996 and 1997,
 - (5) \$26,000 for 1998, 1999 and 2000,
 - (6) \$30,000 for 2001, 2002 and 2003, and
 - (7) \$35,000 for 2004, 2005, 2006, and 2007, and
 - (8) \$40,000 for 2008, 2009, 2010, and 2011, and
 - (9) \$45,000 for 2012, 2013, 2014, and 2015, and
 - (10) \$50,000 for 2016, 2017, 2018, and 2019, and

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(11) \$60,000 for 2020, 2021, 2022, 2023, and 2024;

Covered Compensation is determined each year based on the covered compensation for someone age 65 in the year. If an employee works beyond age 65, that employee's Plan Covered Compensation for all years after age 65 is frozen at the level in effect at age 65.

(2) Updates of (1) -

Active Employees who participated in the plan on the effective dates below received updates of (1) as follows:

- i. Effective September 30, 1963, an additional benefit of 15% of the pension earned from September 1, 1946 through December 31, 1950.
- ii. Effective January 1, 1967, an additional benefit of 0.30% of average compensation during 1955, 1956, and 1957 (minimum of \$12) times full years of credited service as of December 31, 1956.
- iii. Effective January 1, 1971, an additional benefit of 0.15% of average compensation during 1959, 1960, and 1961 (minimum of \$5) times full years of credited service as of December 31, 1960.
- iv. Effective January 1, 1975, an additional benefit of 0.10% of average compensation during 1964, 1965, and 1966 (minimum of \$5) times full years of credited service from September 1, 1946 to December 31, 1965.
- v. Effective January 1, 1980, for employees with at least 1 year of PBS on December 31, 1972, an additional benefit equal to 0.04% of average compensation during 1971, 1972 and 1973 (minimum of \$3) times full years of PBS as of December 31, 1977.
- vi. Effective January 1, 1983, additional benefit of \$50 plus 25% of the future service annuity credited from August 15, 1955 through December 31, 1982.
- vii. Effective January 1, 1986, for employees with at least 5 years of PQS, the future service annuity as of December 31, 1985 (including all updates as of December 31, 1985) shall be increased, if larger than the current benefit, to a. plus b.:
 - a. \$100 plus 1.6% of average compensation from 1981 through 1985 in excess of \$15,000 times years of PBS from January 1, 1966 through December 31, 1985.

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- b. \$80 plus 1.28% of average compensation from 1981 through 1985 in excess of \$15,000 times years of PBS from January 1, 1952 through December 31, 1965.
- viii. Effective December 1, 1988, for employees with at least 5 years of PQS, the future service annuity as of December 31, 1987 (including all updates as of December 31, 1987) shall not be less than 0.95% of average compensation from 1983 through 1987 up to \$25,000, plus 1.5% of remaining average compensation, times PBS through December 31, 1987.
- ix. Effective December 1, 1991, for employees with at least 5 years of PQS, the future service annuity as of December 31, 1990 (including all updates as of December 31, 1990) shall not be less than 0.90% of average compensation from 1988 through 1990 up to \$25,000, plus 1.5% of remaining average compensation, times PBS through December 31, 1990, up to a maximum of 35 years.
- x. Effective July 1, 1994, for employees who are active on July 1, 1994, or former employees who terminated in June 1994 and are on the pension payroll on July 1, 1994, provided the employee has more than 35 years of PBS on December 31, 1990, the future service annuity shall be adjusted by applying the formula in 4.a.(2)ix. for PBS in excess of 35 years.
- xi. Effective December 1, 1994, for employees with at least 5 years of PQS, the future service annuity as of December 31, 1993 (including all updates through December 31, 1993 and 4.a.(2)x.) shall not be less than:
 - a. 0.90% of average compensation from 1991 through 1993 up to \$25,000 plus 1.5% of remaining average compensation, times PBS as of December 31, 1988, plus
 - b. 0.75% of average compensation from 1991 through 1993 up to \$25,000 plus 1.35% of remaining average compensation, times PBS from January 1, 1989 through December 31, 1993.
- xii. Effective December 1, 1997, for employees with at least 25 years of PQS or who are at least age 55 with at least 20 years of PQS as of December 31, 1996:
 - a. For Exempt Salaried Participants:

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The future service annuity as of December 31, 1996 (including all updates through December 31, 1996 and 4.a.(2)xi.) shall not be less than 60% of average normal straight time annual earnings (NSTAE) from 1994 through 1996, less \$10,000, prorated for PBS at December 31, 1996 of less than 35 years, less a deemed PPA annuity. The deemed PPA annuity is the PPA Account Balance at December 31, 1996 increased with interest at 7% to age 60 and converted to a life annuity with 5 year certain payable at age 60 (or current age on December 31, 1996, if greater). For this purpose only, the conversion basis for the PPA annuity is 4.5% interest and UP-1984 mortality.

The increase in regular pension for those eligible for an update is subject to a minimum of \$250.

b. For Nonexempt Salaried and Hourly Participants:

The future service annuity as of December 31, 1996 (including all updates through December 31, 1996 and 4.a.(2)xi.), shall be increased by 0.03% of average compensation from 1994 through 1996 times PBS through December 31, 1996.

- xiii. Effective December 1, 2000, for employees with at least 25 years of PQS or who are at least age 55 with at least 20 years of PQS as of December 31, 1999, the future service annuity as of December 31, 1999 (including all updates through December 31, 1999 and 4.a.(2)xii.) shall not be less than:

- a. 1.0% of average compensation up to \$36,000 times PBS as of December 31, 1999, plus
- b. 1.4% of average compensation in excess of \$36,000 times PBS as of December 31, 1999.

For purposes of applying the above formula set forth in 4.a.(2)xiii., average compensation shall mean the average compensation during the three consecutive calendar years of the six year period 1994 through 1999 that produces the highest average.

The increase in regular pension in 4.a.(2)xiii. for those eligible for an update is subject to a minimum of \$250.

- xiv. Effective December 1, 2003, for employees actively participating on July 1, 2003, if the employee has at least 25 years of PQS or is at least age 55 with at least 20 years of PQS as of December 31, 2002, the future service annuity as of December 31, 2002 (including all

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updates through December 31, 2002 and 4.a.(2)xiii.) shall not be less than:

- a. 0.75% of average compensation up to \$30,000 times PBS as of December 31, 2002, plus
- b. 1.45% of average compensation in excess of \$30,000 times PBS as of December 31, 2002.

For purposes of applying the above formula set forth in 4.a.(2)xiv., average compensation shall mean the average compensation during the three consecutive calendar years of the six year period 1997 through 2002 that produces the highest average.

- xv. Effective December 1, 2007, for employees actively participating on July 1, 2007, if the employee has at least 25 years of PQS or is at least age 55 with at least 20 years of PQS as of December 31, 2006, the future service annuity as of December 31, 2006 (including all updates through December 31, 2006 and 4.a.(2)xiv.) shall not be less than:

- a. 0.80% of average compensation up to \$37,500 times PBS as of December 31, 2006, plus
- b. 1.45% of average compensation in excess of \$37,500 times PBS as of December 31, 2006.

For purposes of applying the above formula set forth in 4.a.(2)xv., average compensation shall mean the average compensation during the three consecutive calendar years of the six year period 2001 through 2006 that produces the highest average.

- xvi. Effective December 1, 2011, for employees actively participating on July 1, 2011, if an hourly or non-exempt salaried employee has at least 25 years of PQS or is at least age 55 with at least 20 years of PQS as of December 31, 2010 or an exempt salaried employee is at least 55 with at least 20 years of PQS as of December 31, 2010, the future service annuity as of December 31, 2010 (including all updates through December 31, 2010 and 4.a.(2).xv.) shall not be less than:

- a. 0.85% of average compensation up to \$45,000 times PBS as of December 31, 2010, plus
- b. 1.45% of average compensation in excess of \$45,000 times PBS as of December 31, 2010.

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For purposes of applying the above formula set forth in 4.a.(2)xvi., average compensation shall mean the average compensation during the three consecutive calendar years of the six year period 2005 through 2010 that produces the highest average.

- xvii. Effective November 1, 2015, for employees actively participating on July 1, 2015, if an hourly or non-exempt salaried employee has at least 25 years of PQS or is at least age 55 with at least 20 years of PQS as of December 31, 2014 or an exempt salaried employee is at least 55 with at least 20 years of PQS as of December 31, 2014, the future service annuity as of December 31, 2014 (including all updates through December 31, 2014 and 4.a.(2).xvi.) shall not be less than:

- a. 0.90% of average compensation up to \$55,000 times PBS as of December 31, 2014, plus
- b. 1.40% of average compensation in excess of \$55,000 times PBS as of December 31, 2014.

For purposes of applying the above formula set forth in 4.a.(2)xvii., average compensation shall mean the average compensation during the three consecutive calendar years of the six year period 2009 through 2014 that produces the highest average, capped at \$200,000 for exempt salaried employees.

- xviii. Effective November 1, 2019, for employees actively participating on July 1, 2019, if an hourly or non-exempt salaried employee has at least 25 years of PQS or is at least age 55 with at least 20 years of PQS as of December 31, 2018, the future service annuity as of December 31, 2018 (including all updates through December 31, 2018 and 4.a.(2).xvii.) shall not be less than:

- a. 0.80% of average compensation up to \$65,000 times PBS as of December 31, 2018 plus
- b. 1.35% of average compensation in excess of \$65,000 times PBS as of December 31, 2018.

For purposes of applying the above formula set forth in 4.a.(2)xviii., average compensation shall mean the average compensation during the three consecutive

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calendar years of the six-year period 2013 through 2018 that produces the highest average.

(3) Past Service Annuity -

Formula based on service prior to September 1, 1946, and subsequent updates to the past service annuity.

(4) Guaranteed Pension -

Eligible employees shall receive an additional pension, if any, which would be necessary to provide the minimum guaranteed pension described below.

- i. If Average Annual Compensation is \$38,000 or less, minimum guaranteed pension payable per year of PBS is \$37.00 per month.
- ii. For each full \$1,000 by which Average Annual Compensation exceeds \$37,001, the minimum guaranteed pension payable per year of PBS is increased by \$1.00 per month, up to a maximum benefit unit of \$89.00 for Average Annual Compensation exceeding \$89,000.
- iii. Effective December 1, 1997, for participants with at least 25 years of PQS or who are at least age 55 with at least 20 years of PQS as of December 31, 1996, the guaranteed minimum pension shall be increased by the following:
 - a. For Exempt Salaried Participants:
\$250.
 - b. For Nonexempt Salaried and Hourly Participants:
0.03% of average compensation from 1994 through 1996 times PBS through December 31, 1996.

(5) Personal Pension Account -

Employee contributions (as described in Item 5.a.) in each calendar year after December 31, 1988, plus voluntary contributions (as described in Item 5.b.) in each calendar year after December 31, 1990, are credited with interest at a prescribed rate.

Unless waived by the employee (with spouse consent, if married), the Personal Pension Account (regular and voluntary) is converted to an annuity under the same normal form rules as apply for the pension benefit. If not converted to an annuity, the Personal Pension Account may be withdrawn in installments at the employee's election, but not in amounts less than \$500 and not more than once a year, unless the entire balance is withdrawn. The account

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continues to earn interest if the annuity, lump sum, or installments are deferred.

The assumptions used in converting the Personal Pension Account to an annuity, before adjustment for a 50%, 75% (after 2007), or 100% spouse option if appropriate, are the mortality and Corporate Bond Rates as specified in the Pension Protection Act of 2006 for annuity starting dates on and after January 1, 2008.

b. Early -

(1) Legacy Participants

Unreduced pension payable as early as age 60, or upon SERO or PCPO if applicable, as determined in 4.a. above. If hourly or nonexempt salaried and eligible for APO, pension payable (as determined in 4.a.(1) through 4.a.(4) above) as early as age 55, reduced 5% per year that payments begin prior to age 60, plus 100% of benefit in 4.a.(5) above. If exempt salaried and eligible for APO, pension payable (as determined in 4.a.(1) through 4.a.(4) above) as early as age 55, reduced 9.5% per year for the first two years and 7.0% per year for the next three years that payments begin prior to age 60, plus, 100% of benefits in 4.a.(5) above.

- i. For employees with at least 5 years of PQS, a supplement of \$23.00 per month per year of PBS is payable up to the age at which the participant is eligible for 80% of his Social Security benefits. This extension of supplements beyond age 62 only applies for eligible retirements after July 1, 2019. This supplement is also payable to those who retire under SERO or PCPO; those who retire under the long-service security provisions may not receive this supplement before age 60.
- ii. If an employee with 25 years of PQS retires after July 1, 2019 in accordance with special eligibility rules, he receives an additional \$375 monthly supplement from retirement until the age at which he is eligible for 80% of his Social Security benefits. This supplement is also payable to those who retire under SERO or PCPO; it does not apply for those who retire under the long-service security provisions.

In certain limited situations, employees affected by an eligible job loss who have at least 25 years of PQS are eligible for certain supplements for limited periods. Supplements are not available to those electing SERO by voluntary substitution for another employee.

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(2) New Plan Participants

Reduced pension payable as early as age 60, with a reduction applicable to the benefit as determined in 4.a. above (other than 4.a.(5)) equal to 5/12% for each month the participant's early retirement date precedes his normal retirement date.

This reduction will not be imposed, however, if the participant terminates from service on or after (a) attainment of at least age 62 and (b) completion of at least 25 years of PQS. If eligible for APO, pension payable (as determined in 4.a.(1) through 4.a.(4) above) as early as age 55, reduced 25% plus 7.5% (for annuity starting dates on and after December 1, 2019, 5.0%) per year for the first two years and 5.0% (for annuity starting dates on and after December 1, 2019, 2.5%) per year for the next three years that payments begin prior to age 60, plus, 100% of benefits in 4.a.(5) above.

New Plan Participants are not eligible for supplements, SERO, PCPO, or Voluntary Windows.

c. Deferred -

Determined as in 4.a. above.

d. Disability -

(1) Legacy Participants

Eligible disabled employees may receive a benefit determined as in 4.a.(1) through 4.a.(5) above, plus certain temporary supplements under certain conditions.

(2) New Plan Participants

Eligible disabled employees may receive a benefit determined as in 4.a.(1) through 4.a.(4) above, reduced for commencement prior to age 60 by 25%, plus 100% of benefit in 4.a.(5) above. New Plan Participants are not eligible for supplements.

5. Employee Contributions:

a. Personal Pension Account (PPA) -

Required contributions of 3% of compensation in excess of contribution breakpoint per year (contribution breakpoint: \$25,000 for 1989 through 1997; \$30,000 for 1998 through 2000; \$37,500 for 2001 through 2003; \$50,000 for 2004 through 2005; \$60,000 for 2006 through 2007; \$70,000 for 2008 through 2011; \$80,000 for 2012 through 2015; and \$100,000 starting in 2016); provides PPA benefit in 4.a.(5). Interest is credited on the PPA based on a rate that is determined at the beginning of each year. The rate up to December 31, 2000, was based on the lesser of the average of the annual 10-year constant maturity yield on U.S. Treasury Securities for the preceding three years and the rate specified in section 411(c) of the Internal Revenue Code (i.e., 120% of the Federal Midterm Rate in effect on January 1). On and

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after January 1, 2001, interest is credited on the PPA at 120% of the Federal Midterm Rate in effect on January 1.

b. Voluntary Pension
Account (VPA) -

Voluntary contributions of 3% of compensation up to contribution breakpoint (contribution breakpoint: \$25,000 for 1991 through 1997; \$30,000 for 1998 through 2000; \$37,500 for 2001 through 2003; \$50,000 for 2004 through 2005; \$60,000 for 2006 through 2007; \$70,000 for 2008 through 2011; \$80,000 for 2012 through 2015; and \$100,000 starting in 2016); provides VPA benefit in 4.a.(5). Interest is credited on the VPA based on a rate that is determined at the beginning of each year. The rate is the greater of the average of the annual 10-year constant maturity yield on U.S. Treasury Securities for the preceding three years and the rate specified in section 411(c) of the Internal Revenue Code (i.e., 120% of the Federal Midterm Rate in effect on January 1).

c. Employee Contributions
Prior to 1989 -

Required contributions; provides part of benefit in 4.a.(1).

6. Termination Benefits:

Annual benefit determined as in 4.a. payable at retirement at or after age 60 if employee has five years of PQS at termination. For New Plan Participants, benefit is reduced 5/12% for each month the participant's early retirement date precedes his normal retirement date [Note: unreduced retirement at 62/25 is not available to deferred vested]. Before retirement, a vested terminated employee may withdraw his pre-1989 contributions plus interest plus his Personal Pension Account (regular and voluntary) and retain his right to the Company provided portion of his vested benefit. Alternatively, vested terminated employee may elect to withdraw his Personal Pension Account (regular and voluntary) and leave his pre-1989 contributions plus interest in the plan and retain his right to his vested benefit that is not attributable to PPA or VPA contributions.

Employees are vested in their contributions to the Plan.

Eligible terminated participants could elect to receive their entire benefit as a lump sum or as monthly payments ahead of the normal payment schedule during a window period beginning August 2017 and ending in October 2017. Participants were eligible for the window if they:

- terminated employment prior to January 1, 2017 (and have not been rehired)
- are vested in their company-provided benefit
- have a remaining benefit valued at \$50,000 or less, and

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- are not otherwise in an excluded category

Eligible terminated participants could elect to receive their entire benefit as a lump sum or as monthly payments ahead of the normal payment schedule during a window period beginning in October 2019 and ending in November 2019. Participants were eligible for the window if they:

- terminated employment prior to April 1, 2019 (and have not been rehired)
- are vested in their company-provided benefit, and
- are not otherwise in an excluded category

7. Death Benefits:

a. Before Retirement -

Benefits vary with age, service, marital status and employment status at time of death, as described in the table below. Benefits described are for active participants only; benefits for vested terminations may be different. For those married at time of death (defined as married at least one full year prior to date of death), the 50% spouse benefits (see 7.b.(2)) are available and PPA/VPA will be paid as an annuity unless the spouse elects a lump sum. For single employees and those married for less than 12 months, only the lump sum benefits are available. Early commencement factors for death benefits are based on the age the employee would have attained upon commencement of the pre-retirement death benefit.

Death benefits in 7.a. and 7.b. do not include any early retirement supplements. Lump sum values of annual pension payable for five years, if applicable, include any additional benefits added to make up a guaranteed pension benefit in 4.a.(4).

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(1) Legacy Participants

Age at Death	Service at Death	Benefit
Less than 60	• Less than 5 years of PQS	Refund of contributions with interest.
	• At least 5 but less than 15 years of PQS	Choice of i. or ii.: i. Monthly 50% spouse benefit deferred to 60, plus PPA/VPA benefit, ii. Refund of contributions with interest.
	• At least 15 years of PQS	• <u>If death occurs prior to age 50 with less than 30 years of service, choice of i. or ii.:</u> i. Monthly 50% spouse benefit deferred to 60, plus PPA/VPA benefit, ii. Lump sum value of annual pension (reduced by 1% per year that payments begin prior to age 60 with a maximum reduction of 10%) as if payable for five years, plus PPA/VPA benefit. • <u>If death occurs at age 50 or later or at any age if participant has at least 30 years of PQS, choice of i. or ii.:</u> i. Monthly immediate 50% spouse benefit, with an early retirement reduction of 1% per year that payments begin prior to age 60 (maximum reduction of 10%), plus PPA/VPA benefit. ii. Lump sum value of annual pension (reduced by 1% per year that payments begin prior to age 60, maximum reduction of 10%) as if payable for five years, plus PPA/VPA benefit.
Age 60 or Later	• Any	Choice of i. or ii.: i. Monthly immediate 50% spouse benefit, plus PPA/VPA benefit. ii. Lump sum value of annual pension as if payable for five years, plus PPA/VPA benefit.

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(2) New Plan Participants

Age at Death	Service at Death	Benefit
Less than 60	• Less than 5 years of PQS	Refund of contributions with interest.
	• At least 5 but less than 15 years of PQS	Choice of i. or ii.: i. Monthly 50% spouse benefit deferred to 60, reduced as described in 4.b.(2), plus PPA/VPA benefit, ii. Refund of contributions with interest.
	• At least 15 years of PQS	• <u>If death occurs prior to age 50 with less than 30 years of service, choice of i. or ii.:</u> i. Monthly 50% spouse benefit deferred to an age between 60 and 65, reduced as described in 4.b.(2), plus PPA/VPA benefit, ii. Lump sum value of annual pension (reduced by 25% plus 1% per year that payments begin prior to age 60, with a maximum reduction of 35%) as if payable for five years, plus PPA/VPA benefit. • <u>If death occurs at age 50 or later or at any age if participant has at least 30 years of PQS, choice of i. or ii.:</u> i. Monthly immediate 50% spouse benefit, with an early retirement reduction of 25% plus 1% per year that payments begin prior to age 60 (maximum reduction of 35%), plus PPA/VPA benefit. ii. Lump sum value of annual pension (reduced by 25% plus 1% per year that payments begin prior to age 60, with a maximum reduction of 35%) as if payable for five years, plus PPA/VPA benefit.
Age 60 or Later	• Any	Choice of i. or ii.: i. Monthly immediate 50% spouse benefit, reduced as described in 4.b.(2), plus PPA/VPA benefit. ii. Lump sum value of annual pension as if payable for five years, reduced as described in 4.b.(2), plus PPA/VPA benefit.

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b. After Retirement -

(1) Single Employees -

Basic form of benefit is payable for life with a 5-year minimum.

(2) Married Employees -

Unless waived by the employee with spouse consent, the benefit is payable as a 50% spouse option which provides a reduced amount to the employee of 93.5% of the benefit otherwise payable but with 50% of the reduced amount continued to the surviving spouse for life after the employee's death. The 93.5% factor is reduced (increased) by 0.5% for each full year in excess of two years by which the spouse is younger (older) than the employee and increased by 0.2% (for annuity starting dates on or after December 1, 2019, 0.65%) for each full year the employee's age at benefit commencement is less than age 60; the factor applied will not be less than 90% or more than 100%.

For annuity starting dates on or after December 1, 2019, in no event can the reduction factor above be less than the reduction factor that would apply to calculate the reduced benefit under the 75% spouse option outlined in 7.b.(2)ii. below plus 1.5% or the reduction factor that would apply to calculate the reduced benefit under the 100% spouse option outlined in 7.b.(2)iii. below.

If the Spouse predeceases the participant within the first five years after retirement, a fraction of the pension reduction for the spouse option is discontinued. The fraction discontinued depends upon the anniversary of effective date of survivorship option; 100% of reduction is discontinued if spouse dies within one year of effective date, reducing by 20% each year thereafter.

The minimum total payment is five times the employee's pension under the five-year certain form of payment in 7.b.(2)i.

Alternatively, with spouse consent, the employee may elect one of the following forms:

- i. Five-year certain and life annuity; or

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- ii. 75% spouse option (available beginning January 1, 2008), which provides a reduced amount to the employee of 90% of the benefit otherwise payable but with 75% of the reduced amount continued to the surviving spouse for life after the employee's death. The 90% factor is reduced (increased) by 0.5% for each full year by which the spouse is younger (older) than the employee and reduced (increased) by 0.3% for each full year the employee's age at benefit commencement is greater (less) than age 60. The factor applied will not be more than 98.5% but will not be less than the factor that pertains under the 100% spouse option. If the spouse predeceases the participant within the first five years after retirement, a pop-up provision similar to that outlined above applies; or
- iii. For employees who are not disabled at retirement, 100% spouse option, which provides a reduced amount to the employee of 87% of the benefit otherwise payable but with 100% of the reduced amount continued to the surviving spouse for life after the employee's death. The 87% factor is reduced (increased) by 0.5% for each full year by which the spouse is younger (older) than the employee and reduced (increased) by 0.5% for each full year the employee's age at benefit commencement is greater (less) than age 60. The factor applied will not be more than 98% but will not be less than the factor that would have applied to the 100% portion of the plan's former 50% / 100% spouse option. If the spouse predeceases the participant within the first five years after retirement, a pop-up provision similar to that outlined above applies.

8. Definitions:

a. Compensation -

Salary or wages, plus overtime, vacation pay, night shift bonus, cost-of-living adjustment, deferrals under I.R.C. Sections 125 or 401(k), certain commissions and other approved compensation. Compensation is limited as prescribed by IRS rules.

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- b. Average Annual Compensation - For purposes of determining the guaranteed pension benefit in 4.a.(4) above, average annual compensation is the average of compensation in the three full consecutive calendar years that are the highest during the last 10 completed calendar years before the employee's retirement. The calendar year of termination is not included unless termination date is December 31.
- c. PQS - Service for purposes of determining eligibility for pension benefits. For a full-time employee, one year of PQS is credited for each year in which the employee is credited with at least 1,000 hours of service while a participant in the GE HealthCare Pension Plan.
- d. PBS - Service for purposes of determining the amount of an employee's benefit. In simplified terms, it is equivalent to the employee's full and partial years of service while participating in the GE HealthCare Pension Plan.
- e. New Plan Participant - Generally, a participant hired after 2004 and before 2011 who is: a) an exempt employee, b) a non-exempt employee who is not in a Manufacture-Store-Deliver-Service (MSDS) position, or c) certain other employees, to the extent elected by a Company participating in the GE HealthCare Pension Plan.
- f. Legacy Participant - A participant who is not defined as a New Plan Participant, to whom the plan changes effective on January 1, 2005 do not apply.

9. Special Eligibility Dates for Certain Acquired Groups of Employees:

Former Participants in:	Date Entered HCPP
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Retirement Plan for the Employees of RCA Corporation and Subsidiary Companies	December 31, 1988
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NBC Retirement Plan for Certain Union Represented Employees	December 31, 1990
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Borg-Warner Chemicals, Inc. Retirement Plan	December 31, 1988
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Wometco Broadcasting Retirement Plan	December 31, 1990
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10. Limitations:

The Internal Revenue Code places certain limitations on the Plan. In addition to the Compensation limit referenced in 8.a., there are limits on the annual benefit payable and on the amount of contributions that may be made by an employee to this and other qualified plans. These limits are determined each year by the IRS. In addition, supplements provided by the Plan cannot exceed an employee's unreduced Social Security retirement benefit.

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11. Plan Summary:

This description of the Plan is provided for general information purposes only. It summarizes key features of the Plan as it applies to active employees on January 1, 2024. The complete terms of the Plan are provided in the GE HealthCare Pension Plan document, which is controlling to the extent of any conflict with this Plan Summary. Information concerning the Plan, including benefits and vesting provisions, is also included in Plan handbooks.

12. Changes in Plan Provisions Since Prior Valuation:

Extend special and regular supplement at current levels to all eligible employees upon retirement (payable to the age at which a participant is eligible for 80% of his/her Social Security benefits)

Set Plan Covered Compensation to \$60,000 for 2024

Participation in the plan and accruals in the plan are frozen as of 12/31/2024 for any participant who was not previously frozen

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Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	(165,045,378)	15.00000	(165,045,378)	(15,015,879)
Shortfall	01/01/2023	2,724,034,148	14.00000	2,613,806,280	249,468,983
Total				2,448,760,902	234,453,104

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Schedule SB, Line 24 Change in Actuarial Assumptions

The salary scale assumption was updated to reflect the plan sponsor's expectations and the forthcoming plan freeze.

The assumed plan-related expenses added to the target normal cost were changed from \$75,000,000 for the prior valuation to \$79,000,000 for the current valuation to account for higher expected expenses to be paid from the trust.

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