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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
HARTFORD HEALTHCARE PENSION PLAN

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 10/01/1947

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HARTFORD HEALTHCARE CORPORATION HHC SYSTEM SUPPORT OFFICE

9 FARM SPRINGS ROAD
FARMINGTON, CT 06032

2b Employer Identification Number (EIN) 22-2672834

2c Plan Sponsor's telephone number 860-696-3500

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	DANA LITWINKA
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	14109
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	**6a(1)**	3526
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3313
b	Retired or separated participants receiving benefits	**6b**	7049
c	Other retired or separated participants entitled to future benefits	**6c**	2840
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13202
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	643
f	Total. Add lines **6d** and **6e**.	**6f**	13845
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
HARTFORD HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HARTFORD HEALTHCARE CORPORATION HHC SYSTEM SUPPORT OFFICE

D Employer Identification Number (EIN)
22-2672834

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1809152438
b Actuarial value	**2b**	1830296613

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	7465	1025624171	1025624171
b For terminated vested participants	3287	235072131	235072131
c For active participants	3565	432919458	433705169
d Total	14317	1693615760	1694401471

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3800000
c Target normal cost	**6c**	3800000

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

10/12/2026
Date

THERESA WEBBER
Type or print name of actuary

26-08362
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

617-638-3700
Telephone number (including area code)

P.O. BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		16574725
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		16574725
10	Interest on line 9 using prior year's actual return of 4.07 %		674591
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		17249316

Part III Funding Percentages

14	Funding target attainment percentage	14	107.00 %
15	Adjusted funding target attainment percentage	15	108.02 %
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	111.72 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ 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

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	3800000
b Excess assets, if applicable, but not greater than line 31a	**31b**	3800000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HARTFORD HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD HEALTHCARE CORPORATION HHC SYSTEM SUPPORT OFFICE

D Employer Identification Number (EIN)
22-2672834

Part I Service Provider Information (see instructions)

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)

(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 ☐

(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 ☐

(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

(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

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

a Name: JENNIFER S. COLLIER
b EIN: 53-0181291
c Position: ACTUARY
d Address: P.O. BOX 674401
HOUSTON, TX 77267
e Telephone:

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON US LLC

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HARTFORD HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HARTFORD HEALTHCARE CORPORATION HHC SYSTEM SUPPORT OFFICE

D Employer Identification Number (EIN)
22-2672834

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: HHC DEFINED BENEFIT MASTER TRUST

b Name of sponsor of entity listed in (a): HARTFORD HEALTHCARE CORPORATION

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)
45-4530568-100	M	1807162435

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)

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HARTFORD HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD HEALTHCARE CORPORATION HHC SYSTEM SUPPORT OFFICE

D Employer Identification Number (EIN)
22-2672834

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1809152438	1807162435
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1809152438	1807162435
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	721386	545523
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	721386	545523
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1808431052	1806616912

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		114742457
(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		114742457
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	116556597	
(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)		116556597
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		116556597
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1814140
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: FIONDELLA, MILONE & LASARACINA LLP **(2)** EIN: 06-1648707

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582656.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HARTFORD HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD HEALTHCARE CORPORATION HHC SYSTEM SUPPORT OFFICE

D Employer Identification Number (EIN)
22-2672834

Part I Distributions

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

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

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

EIN(s): 13-5160382

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 83

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

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: 36.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 12.0 %
High-Yield Debt: 11.0 % Real Assets: 7.0 % Cash or Cash Equivalents: _____ % Other: 34.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Financial Statements

Hartford HealthCare Pension Plan

Years ended December 31, 2025 and 2024
with Independent Auditors' Report

Hartford HealthCare Pension Plan

Financial Statements

Years ended December 31, 2025 and 2024

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Independent Auditors' Report

To the Retirement Administrative Panel
Hartford HealthCare Corporation

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

We have performed audits of the accompanying financial statements of the Hartford HealthCare Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Notes 4 and 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

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

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
September 28, 2026

Hartford HealthCare Pension Plan

Statements of Net Assets Available for Benefits

	December 31, 2025	2024
Assets		
Investments		
Plan's interest in Hartford HealthCare Corporation Defined Benefit Master Trust - at fair value	**$ 1,777,398,440**	$ 1,753,829,134
Plan's interest in Hartford HealthCare Corporation Defined Benefit Master Trust - other	**29,763,995**	55,323,304
Total investments	**1,807,162,435**	1,809,152,438
Total assets	**1,807,162,435**	1,809,152,438
Liabilities		
Accrued expenses	**545,523**	721,386
Net assets available for benefits	**$ 1,806,616,912**	$ 1,808,431,052

See accompanying notes.

Hartford HealthCare Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31, 2025	2024
Additions		
Net appreciation in the fair value of interest in Hartford HealthCare Corporation Defined Benefit Master Trust	**$ 119,880,154**	$ 74,792,098
Total additions	**119,880,154**	74,792,098
Deductions		
Benefits paid directly to participants	**116,556,597**	115,972,127
Administrative expenses	**5,137,697**	5,913,510
Total deductions	**121,694,294**	121,885,637
Net decrease	**(1,814,140)**	(47,093,539)
Net assets available for benefits, beginning of year	**1,808,431,052**	1,855,524,591
Net assets available for benefits, end of year	**$ 1,806,616,912**	$ 1,808,431,052

See accompanying notes.

1. Description of the Plan

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

General

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

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

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

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

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

1. Description of the Plan (continued)

General (continued)

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

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

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

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

Contributions

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The contributions of the Company are made in amounts at least equal to the minimum required contribution required by ERISA. For 2025 and 2024, there was no minimum required contribution. The Company made no contributions to the Plan pertaining to 2025 or 2024. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements for the years ended December 31, 2025 and 2024.

1. Description of the Plan (continued)

Plan Termination

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

- That portion of a participant's benefit derived from his or her own contributions.

- Benefits that former employees or their beneficiaries have been receiving for at least three years as of the date of the Plan termination, or that employees who were eligible to retire at least three years prior to the date of the Plan termination would have been receiving if they had retired and received benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest amount that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.

- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.

- All other vested benefits not insured by the PBGC.

- All non-vested benefits.

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

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

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Investment Valuation and Income Recognition

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

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

The Plan, through its investment in the Master Trust, utilizes derivative financial instruments to manage market risk. During 2025 and 2024, the Master Trust utilized futures contracts for trading or hedging purposes. These derivative financial instruments are marked to market and reflected in the value of the Master Trust in the statement of net assets available for benefits at fair value.

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

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

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

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

3. Actuarial Present Value of Accumulated Plan Benefits

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

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

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

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

	January 1, 2025	January 1, 2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	**$ 931,672,621**	$ 912,818,180
Other participants (terminated vested and active)	**568,315,481**	577,359,338
	1,499,988,102	1,490,177,518
Nonvested benefits	**720,090**	789,159
Total actuarial present value of accumulated plan benefits	**$1,500,708,192**	$1,490,966,677

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

	2025	2024
Actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023:	**$ 1,490,966,677**	$ 1,459,606,395
Changes during the year due to:		
Actuarial losses (gains)	**9,346,463**	3,902,716
Decrease in the discount period	**96,790,102**	98,533,045
Assumption changes	**19,577,077**	34,696,374
Benefits paid	**(115,972,127)**	(105,771,853)
Actuarial present value of accumulated plan benefits as of January 1, 2025 and 2024	**$ 1,500,708,192**	$ 1,490,966,677

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

Accumulated contributions of plan participants in the contributory program related to the legacy Retirement Plan for the Employees of Windham Community Memorial Hospital, which includes interest credited of 5.10 and 5.25 percent for the years ended December 31, 2025 and 2024, respectively were as follows:

	2025	2024
Present employees	**$ 603,627**	$ 574,336
Terminated employees	**167,136**	230,650
	$ 770,763	$ 804,986

Significant assumptions underlying the actuarial computations as of January 1, 2025 and 2024 are as follows:

Discount rate	6.75% for 2025 and 2024
Actuarial cost method	Traditional unit cost
Mortality basis	Pri-2012 Private Retirement Plans tables for males and females with separate rates for employees, retirees, and contingent survivors, with no collar or amount adjustment, projected generationally from 2012 using Scale MP-2020 as of January 1, 2025 and January 1, 2024.
Average retirement age	63 for 2025 and 2024
Assumed plan-related expenses	$3,800,000 as of January 1, 2025 and $4,600,000 as of January 1, 2024

Changes to actuarial assumptions for January 1, 2025 relate to updates to the lump sum conversion rate for former Hartford HealthCare and VNA Plan legacy annuity benefits. The decrease in the discount period related to normal operation of the Plan for ongoing benefit accruals. The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of plan benefits.

4. Master Trust

As of December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was 100%.

Master Trust balances and the Plan's interest in the Master Trust balances consisted of the following at December 31, 2025 and 2024:

	2025	2024
Master trust assets		
Investments		
Cash and cash equivalents	**$ 16,306,679**	$ 3,152,487
Equity securities	**51,769,778**	60,246,572
Mutual funds	**32,319,766**	444,275,762
Alternative investments and common collective funds measured at net asset value	**1,487,641,720**	1,124,674,012
Fixed income funds	**189,876,206**	119,340,211
Investments without readily determinable fair value	**29,763,995**	55,323,304
Total investments	**1,807,678,144**	1,807,012,348
Receivables		
Receivable for investments sold	**1,219,889**	-
Dividends receivable	**131,947**	336,626
Interest receivable	**2,602,013**	1,708,204
Other receivables	**87,819**	112,610
Total receivables	**4,041,668**	2,157,440
Total assets	**1,811,719,812**	1,809,169,788
Master trust liabilities		
Payable for investments purchased	**4,414,660**	-
Other payables	**142,717**	17,350
Total liabilities	**4,557,377**	17,350
Net assets of Master Trust	**$ 1,807,162,435**	$ 1,809,152,438
Net assets of Master Trust attributable to the Plan	**$ 1,807,162,435**	$ 1,809,152,438

4. Master Trust (continued)

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

	2025	2024
Investment income		
Net appreciation (depreciation) in fair value of investments	**$ 106,953,243**	$ 65,594,265
Interest and dividends	**12,834,335**	9,052,858
Other income	**92,576**	144,975
Net investment income (loss)	**119,880,154**	74,792,098
Benefit payments	**(116,556,597)**	(115,972,127)
Administrative expenses	**(5,313,560)**	(5,605,478)
Decrease in net assets	**(1,990,003)**	(46,785,507)
Net assets – beginning of year	**1,809,152,438**	1,855,937,945
Net assets – end of year	**1,807,162,435**	1,809,152,438
Plan's interest in Master Trust investment income (loss)	**$ 119,880,154**	$ 74,792,098

5. Investments – Master Trust

All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2025 and 2024, investment income (loss) and expenses for the years then ended, were obtained or derived from information supplied to the Plan and certified as complete and accurate by State Street, the trustee of the Plan and Northern Trust, the Plan's custodian.

6. Fair Value Measurements – Master Trust

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in methodologies used at December 31, 2025 and 2024.

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

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

6. Fair Value Measurements – Master Trust (continued)

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

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

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

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

6. Fair Value Measurements – Master Trust (continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2025:

	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	**$ 16,306,679**	**$ 16,306,679**	**$ -**	**$ -**
Equity securities	**51,769,778**	**51,769,778**	**-**	**-**
Mutual funds	**32,319,766**	**32,319,766**	**-**	**-**
Fixed income funds	**189,876,206**	**-**	**189,876,206**	**-**
	$ 290,272,429	**$ 100,396,223**	**$ 189,876,206**	**$ -**
Alternative investments and common collective funds measured at net asset value (a)	**1,487,641,720**			
Investments not at readily determinable fair value (b)	**29,763,995**			
	$1,807,678,144			

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

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

6. Fair Value Measurements (continued)

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the net assets of the Master Trust (Note 4).

(b) The amounts reported in the preceding tables do not include certain investments without a readily determinable fair value reported based on cost or nonrecurring inputs totaling $29,763,995 and $55,323,304 at December 31, 2025 and 2024, respectively.

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

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

The following table summarizes the contractual amounts and fair values of the Master Trust derivative financial instruments as of December 31, 2025 and 2024:

	Contractual Amount	Fair Value
December 31, 2025		
Futures contracts *:		
Long (purchased)	**$ 8,400,000**	**$ (118,499)**
Short (written)	**(5,700,000)**	**51,526**
December 31, 2024		
Futures contracts *:		
Long (purchased)	$ 4,900,000	$ (139,055)
Short (written)	(700,000)	10,063

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

*Contractual amount represents the notional value of the futures.

The realized and unrealized gain (loss) associated with the Master Trust's derivative financial instruments during the years ended December 31, 2025 and 2024 was not material. These amounts are included in net realized and unrealized (depreciation) appreciation in fair value of investments in the statement of changes in net assets available for benefits.

6. Fair Value Measurements (continued)

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

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize significant alternative investments and common collective funds measured at net asset (NAV) used to measure fair value as of December 31, 2025 and 2024, respectively:

6. Fair Value Measurements (continued)

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

Fund Name	Fair Value 2025	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Long US Treasury Index SL Fund Fund CM 1N	176,084,366	-	Daily	N/A	1 day
20+ Yr US Trea Strips Indx NL	115,845,361	-	Daily	N/A	1 day
SP 500 R Flagship SL Fund CM 11	52,996,092	-	Daily	N/A	1 day
Andean Social Infrastructure	41,974,357	4,170,585	fund discretion	fund discretion	N/A
K1 Special Opportunities Fund	35,808,476	1,030,381	fund discretion	fund discretion	N/A
Actis Energy 5 A LP	33,465,003	14,043,751	fund discretion	fund discretion	N/A
Greywolf Opp Offshore II	28,832,010	-	fund discretion	fund discretion	N/A
Soho Square Feeder III SCSP	26,020,361	(551,584)	fund discretion	fund discretion	N/A
Standard General Off Fund II	25,459,604	-	Quarterly	25% gate	90 days
AEW Core Property Trust US Inc	23,519,140	-	Quarterly	Possible gate	45 days
WCP Homebuilder Inve Sol GP	22,626,179	1,270,000	fund discretion	fund discretion	N/A
NB Secondary Opp Fund V	22,053,599	18,381,222	fund discretion	fund discretion	N/A
Actis Asia Real Estate 2	21,199,839	3,922,821	fund discretion	fund discretion	N/A
Venor Capital Offshore E	20,971,979	-	Quarterly	25% gate	90 days
Acadian Emerging Mkt Micro Fd	20,603,707	-	Daily	N/A	30 days
TCG Crossover Fund I LP	20,174,003	1,818,750	fund discretion	fund discretion	N/A
Greywolf Distressed LP	19,657,899	-	fund discretion	fund discretion	N/A
K4 Private Investors, LP	18,831,944	3,505,443	fund discretion	fund discretion	N/A
MSCI ACWI Ex USA Sl Fund Mutual Fund	17,640,118	-	Daily	N/A	1 day
NB Secondary Opp Fund IV	17,432,758	5,039,166	fund discretion	fund discretion	N/A
SASOF Offshore IV LP	15,712,675	14,312,762	fund discretion	fund discretion	N/A
SG Special Situations Fund LP	15,488,920	8,169,624	fund discretion	fund discretion	N/A

6. Fair Value Measurements (continued)

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

Fund Name	Fair Value 2025	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
MGG SF Drawdown Fund III LP	15,315,330	4,008,443	fund discretion	fund discretion	N/A
Anchorage Illi Oppo Offs VI B	15,290,858	4,050,000	fund discretion	fund discretion	N/A
Marquee Brands Cayman Fd II	15,129,143	415,063	fund discretion	fund discretion	N/A
Lynstone Special Situations II	15,093,116	7,669,015	fund discretion	fund discretion	N/A
New Mountain Partners VI	14,574,103	1,713,125	fund discretion	fund discretion	N/A
K5 Private Investors LP	14,572,680	2,805,750	fund discretion	fund discretion	N/A
Albacore Partners III Feederfd	14,472,843	2,554,907	fund discretion	fund discretion	N/A
Sasof Offshore V LP	14,317,848	4,198,420	fund discretion	fund discretion	N/A
Dbl Partners III	13,862,970	-	fund discretion	fund discretion	N/A
Trustbridge Partners VI, LP	13,519,356	6,492	fund discretion	fund discretion	N/A
ABAX Asian Strd Fd III	13,486,486	661,316	fund discretion	fund discretion	N/A
Anchorage Illi Oppo Offs VII B	13,414,820	750,000	fund discretion	fund discretion	N/A
DFJ Growth III LP	13,035,864	77,000	fund discretion	fund discretion	N/A
Stockbridge Value Fund IV	12,639,979	1,355,872	fund discretion	fund discretion	N/A
Balderton Cap Growth I SLP	12,442,791	696,347	fund discretion	fund discretion	N/A
DN Capital Global Venture V	12,066,439	1,397,799	fund discretion	fund discretion	N/A
ABAX Asian Structured 2022 LP	11,909,974	10,065,224	fund discretion	fund discretion	N/A
H.I.G, Advantage Buyout Fund LP	11,626,953	2,137,095	fund discretion	fund discretion	N/A
DFJ Growth IV LpP	11,427,662	512,000	fund discretion	fund discretion	N/A
DFJ Growth 2013, LP	11,330,686	-	fund discretion	fund discretion	N/A
K3 Private Investors, LP	11,259,675	548,425	fund discretion	fund discretion	N/A
NB Real Estate Sec Opp Off	11,054,341	4,451,716	fund discretion	fund discretion	N/A
Balderton Capital VII SLP	10,768,874	200,515	fund discretion	fund discretion	N/A

6. Fair Value Measurements (continued)

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

Fund Name	Fair Value 2025	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
US Farming Rlty Trust III LP	10,434,226	-	fund discretion	fund discretion	N/A
Xponance Diverse Opp Fund LP	10,328,221	2,478,999	fund discretion	fund discretion	N/A
Grain Spectrum Holdings III	10,307,355	756,104	fund discretion	fund discretion	N/A
Dbl Partners IV, LP	10,194,205	870,000	fund discretion	fund discretion	N/A
Balderton Capital VI SLP	10,065,812	24,528	fund discretion	fund discretion	N/A
Canvas Distressed Credit LP	9,906,007	5,800,000	fund discretion	fund discretion	N/A
Lead Edge Capital VI LP	9,546,356	1,522,065	fund discretion	fund discretion	N/A
Balderton Capital VIII S LP	9,520,304	1,815,673	fund discretion	fund discretion	N/A
AG Asia Realty Holdings V LP	9,397,662	11,184,000	fund discretion	fund discretion	N/A
Laguna Bay Agriculture Fund 1	9,249,614	-	fund discretion	fund discretion	N/A
Great Hill Equity Partners VI	9,048,217	2,842,400	fund discretion	fund discretion	N/A
Balderton Capital SFI SLP	8,963,877	173,273	fund discretion	fund discretion	N/A
H.I.G Europe Middle Market LBO	8,432,454	671,414	fund discretion	fund discretion	N/A
Marquee Brands Cayman Fd LP	8,363,856	41,304	fund discretion	fund discretion	N/A
MGG SF Drawdown Unlevered II	8,113,522	14,186,409	fund discretion	fund discretion	N/A
GGV Capital VII LP	8,062,360	280,000	fund discretion	fund discretion	N/A
Oaktree Opportunities Fd XB	8,042,494	2,500,000	fund discretion	fund discretion	N/A
Merit Energy Partners K LP	7,852,444	1,216,602	fund discretion	fund discretion	N/A
H.I.G. Middle Market LBO III	7,587,335	1,660,538	fund discretion	fund discretion	N/A
NB Secondary Opportunities	7,159,606	7,508,318	fund discretion	fund discretion	N/A
The Column Group IV GP LP	7,119,647	767,061	fund discretion	fund discretion	N/A
Accel KKR Capital VI LP	7,096,373	1,049,937	fund discretion	fund discretion	N/A
Great Hill Equity VII LP	7,030,802	2,399,999	fund discretion	fund discretion	N/A

6. Fair Value Measurements (continued)

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

Fund Name	Fair Value 2025	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
GGV Discovery II, LP	6,956,146	50,000	fund discretion	fund discretion	N/A
Brightstar Cap Prts Fd III A	6,441,963	1,466,998	fund discretion	fund discretion	N/A
GGV Capital VIII LP	6,353,199	992,000	fund discretion	fund discretion	N/A
Brightstar Capital Fund II A	6,331,541	9	fund discretion	fund discretion	N/A
Affinity Asia Pacific Fd V	6,207,871	2,256,871	fund discretion	fund discretion	N/A
NB Real Estate Sec Opp Off II	6,171,651	9,177,524	fund discretion	fund discretion	N/A
HIG Europe Cap III Feeder LP	5,989,050	2,804,723	fund discretion	fund discretion	N/A
Taconic Eur Credit Dis Off Fun	5,862,125	3,875,000	fund discretion	fund discretion	N/A
Navis Asia Fund VII, LP	5,690,045	403,440	fund discretion	fund discretion	N/A
AG Asia Realty Holdings IV, LP	5,527,885	4,053,591	fund discretion	fund discretion	N/A
CRV XIX LP	5,415,391	875,000	fund discretion	fund discretion	N/A
Calera Capital Partners V	5,353,294	611,250	fund discretion	fund discretion	N/A
Encap Energy Capital Fund XI C	5,008,271	604,758	fund discretion	fund discretion	N/A
Great Hill EQ Prtns V	4,866,127	10,352	fund discretion	fund discretion	N/A
Merit Energy Partners J, LP	4,833,818	-	fund discretion	fund discretion	N/A
Trustbridge Partners V, LP	4,699,748	172,159	fund discretion	fund discretion	N/A
New Mountain Partners V LP	4,624,122	962,468	fund discretion	fund discretion	N/A
ENCAP Flatrock Midstream Fd	4,539,201	429,478	fund discretion	fund discretion	N/A
Great Hill Equity Prtnrs VIII	4,464,449	1,357,932	fund discretion	fund discretion	N/A
American Securities Ptrns VII	4,440,054	539,004	fund discretion	fund discretion	N/A
Actis Energy 4 A LP.	3,980,000	1,059,102	fund discretion	fund discretion	N/A
Accel KKR Capital Partners V	3,916,081	816,264	fund discretion	fund discretion	N/A
Avalon Bioventures I LP	3,838,344	5,616,526	fund discretion	fund discretion	N/A

6. Fair Value Measurements (continued)

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

Fund Name	Fair Value 2025	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Lovell Minnick Partners IV	3,837,790	533,110	fund discretion	fund discretion	N/A
GGV Capital VI LP	3,740,119	42,000	fund discretion	fund discretion	N/A
Greywolf Cap Overseas Fd II	3,724,119	-	Quarterly	N/A	60 days
Thompson Street CP IV, LP	3,470,563	336,088	fund discretion	fund discretion	N/A
Merit Energy Partners I	3,457,538	-	fund discretion	fund discretion	N/A
Blue Owl Special Opp Fd VII	3,368,770	485,128	fund discretion	fund discretion	N/A
The Column Group II	3,326,076	-	fund discretion	fund discretion	N/A
HIG Middle Market LBO IV LP	3,251,595	5,292,227	fund discretion	fund discretion	N/A
The Column Group III A, LP	3,230,815	65,169	fund discretion	fund discretion	N/A
Avalon Ventures XI LP	3,035,053	264,802	fund discretion	fund discretion	N/A
The Column Group Opp Fund III	2,659,795	1,053,660	fund discretion	fund discretion	N/A
Matador Film Part LP	2,394,720	-	fund discretion	fund discretion	N/A
GGV Discovery III LP	2,373,107	810,000	fund discretion	fund discretion	N/A
GGV Capital VII Plus LP	2,354,156	30,000	fund discretion	fund discretion	N/A
SSG Secured Lending Opp II	2,228,272	2,511,146	fund discretion	fund discretion	N/A
ENCAP Energy Capital Fund X	2,141,227	193,482	fund discretion	fund discretion	N/A
Canvas Distressed II LP	2,071,749	11,959,435	fund discretion	fund discretion	N/A
Ponoi Capital, LP	2,059,981	-	fund discretion	fund discretion	N/A
2025 Total	1,471,069,749	246,846,767			
Excluded from Table **	16,571,971	21,075,637			
Total 2025 Investments at NAV	$1,487,641,720	$267,922,404			

6. Fair Value Measurements (continued)

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

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

6. Fair Value Measurements (continued)

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

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

6. Fair Value Measurements (continued)

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

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

6. Fair Value Measurements (continued)

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

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

6. Fair Value Measurements (continued)

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

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

6. Fair Value Measurements (continued)

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

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

6. Fair Value Measurements (continued)

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

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

** The fair value and cumulative unfunded commitments of the investments recorded at NAV measured at fair value as a practical expedient not included in the tables above is $16,571,971 and $21,075,637, respectively, as of December 31, 2025 and $17,144,591 and $31,732,630, respectively, as of December 31, 2024. These amounts are not considered material to the financial statements.

7. Income Tax Status

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions and the Plan is currently being audited by the U.S. Department of Labor. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

8. Risks and Uncertainties

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

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

9. Party-in-Interest and Related Party Transactions

Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption applied. State Street, Trustee of the Master Trust assets as of December 31, 2025 and 2024 and for the years then ended, is a fiduciary as defined by ERISA. Transactions with the fiduciaries qualify as party-in-interest. All transactions with the trustees are covered by an exemption from the "prohibited transactions" provisions of ERISA and the Internal Revenue Code.

10. Subsequent Events

The Plan has evaluated events occurring between December 31, 2025 and September 28, 2026, the date the financial statements were available to be issued.

Effective January 1, 2027, in-service distributions for participants who have attained retirement age will be permitted.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning and ending

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)____

B This return/report is: ☐ 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
HARTFORD HEALTHCARE PENSION PLAN

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 10/01/1947

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HARTFORD HEALTHCARE CORPORATION
HHC SYSTEM SUPPORT OFFICE

9 FARM SPRINGS ROAD

FARMINGTON CT 06032

2b Employer Identification Number (EIN) 22-2672834

2c Plan Sponsor's telephone number 860-696-3500

2d Business code (see instructions) 622000

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

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

SIGN HERE	[signature]	10/12/2026	PETER MCKAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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

	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.05	1,000,000	1	0.05	2.75
56	0.05	950,000	0.95	0.0475	2.66
57	0.05	902,500	0.9025	0.045125	2.572125
58	0.05	857,375	0.857375	0.04286875	2.4863875
59	0.05	814,506	0.814506	0.0407253	2.4027927
60	0.075	773,781	0.773781	0.05803358	3.4820145
61	0.075	715,747	0.715747	0.05368103	3.274542525
62	0.125	662,066	0.662066	0.08275825	5.1310115
63	0.125	579,308	0.579308	0.0724135	4.5620505
64	0.125	506,895	0.506895	0.06336188	4.05516
65	0.3	443,533	0.443533	0.1330599	8.6488935
66	0.3	310,473	0.310473	0.0931419	6.1473654
67	0.3	217,331	0.217331	0.0651993	4.3683531
68	0.3	152,132	0.152132	0.0456396	3.1034928
69	0.3	106,492	0.106492	0.0319476	2.2043844
70	1	74,544	0.074544	0.074544	5.21808

Average age at retirement 63.066653

Rounded for Schedule SB item 22 63

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025
Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
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	0	0	0	0	0	0	0	0	0
35-39	0	0	11	27	67	5	0	0	0	0	110
40-44	0	0	17	44	132	113	7	0	0	0	313
45-49	0	0	31	46	127	175	74	3	0	0	456
50-54	0	0	30	56	138	193	135	62	8	0	622
55-59	0	0	27	57	137	185	125	95	104	8	738
60-64	0	0	28	64	108	166	104	92	154	86	802
65-69	0	0	14	27	37	65	39	45	33	55	315
70 & over	0	0	1	5	11	17	12	7	8	12	73
Total	0	0	159	326	757	919	496	304	307	161	3,429

Census data as of January 1, 2025[3]

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

[3] Table does not include 136 active employees receiving in-service distributions. Counts in the above exhibit include multiple records for participants with benefits in more than one prior plan.

Plan Name:	Hartford HealthCare Pension Plan
EIN / PN:	22-2672834/011
Plan Sponsor:	Hartford HealthCare Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Frozen Plans as of January 1, 2025

Number and average annual frozen benefit distributed by attained age and attained years of credited service

	Attained Years of Credited Service[4]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
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	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	4	6	22	1	0	0	0	0	33
	-	-	-	-	2,023	-	-	-	-	-	1,721
40-44	0	0	6	23	55	43	2	0	0	0	129
	-	-	-	4,929	3,986	6,463	-	-	-	-	5,031
45-49	0	0	19	28	52	75	25	1	0	0	200
	-	-	-	4,809	3,835	7,997	12,372	-	-	-	6,575
50-54	0	0	19	38	48	84	51	27	1	0	268
	-	-	-	7,436	4,702	9,291	11,343	14,764	-	-	8,798
55-59	0	0	19	39	55	83	45	46	36	2	325
	-	-	-	7,045	4,400	7,818	14,200	19,551	23,652	-	11,446
60-64	0	0	19	54	57	72	47	41	68	26	384
	-	-	-	8,430	6,738	9,262	13,967	20,003	27,523	29,570	14,918
65-69	0	0	11	21	18	32	21	26	14	18	161
	-	-	-	8,438	-	7,494	13,660	21,190	-	-	14,388
70 & over	0	0	0	3	5	12	4	4	2	4	34
	-	-	-	-	-	-	-	-	-	-	13,270
Total	0	0	97	212	312	402	195	145	121	50	1,534
	-	-	5,222	6,919	4,464	8,216	12,901	19,172	25,810	30,146	10,818

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

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[5]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
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	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	7	21	45	4	0	0	0	0	77
	-	-	-	14,496	21,622	-	-	-	-	-	19,269
40-44	0	0	11	21	77	70	5	0	0	0	184
	-	-	-	17,460	35,040	42,354	-	-	-	-	34,977
45-49	0	0	12	18	75	100	49	2	0	0	256
	-	-	-	-	38,544	65,844	85,478	-	-	-	57,084
50-54	0	0	11	18	90	109	84	35	7	0	354
	-	-	-	-	51,534	101,207	121,396	129,051	-	-	91,346
55-59	0	0	8	18	82	102	80	49	68	6	413
	-	-	-	-	54,524	95,357	137,890	176,685	201,100	-	120,069
60-64	0	0	9	10	51	94	57	51	86	60	418
	-	-	-	-	66,195	99,898	155,272	207,933	256,030	274,840	171,241
65-69	0	0	3	6	19	33	18	19	19	37	154
	-	-	-	-	-	134,528	-	-	-	401,700	232,216
70 & over	0	0	1	2	6	5	8	3	6	8	39
	-	-	-	-	-	-	-	-	-	-	374,994
Total	0	0	62	114	445	517	301	159	186	111	1,895
	-	-	15,331	33,641	48,495	86,966	132,021	189,659	251,158	346,722	119,484

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

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed to $3,800,000 for the current valuation.

As the result of an experience study completed in 2025, updates have been made to the termination rates, retirement rates, deferred vested benefit commencement assumption, spouse age assumption and form and timing of payment assumption.

The IRC §417(e) blended mortality tables were updated to those in effect as of the valuation date.

SCHEDULE SB ATTACHMENTS

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
2025	17,837,308	12,055,504	101,166,207	131,059,019
2026	17,096,205	6,371,799	98,747,513	122,215,517
2027	19,796,098	8,492,562	96,239,720	124,528,380
2028	21,905,571	9,728,745	93,584,542	125,218,858
2029	24,011,470	10,983,315	90,744,116	125,738,901
2030	25,748,062	12,226,322	87,771,800	125,746,184
2031	27,373,081	13,527,433	84,696,634	125,597,148
2032	28,471,861	14,380,252	81,481,253	124,333,366
2033	29,545,623	15,626,541	78,144,510	123,316,674
2034	30,423,959	15,849,293	74,692,804	120,966,056
2035	30,786,795	16,400,824	71,130,864	118,318,483
2036	31,479,294	17,036,900	67,473,219	115,989,413
2037	32,046,379	17,327,490	63,723,507	113,097,376
2038	32,391,274	18,247,524	59,895,081	110,533,879
2039	32,942,227	18,386,270	56,002,361	107,330,858
2040	32,667,785	18,265,002	52,070,403	103,003,190
2041	32,654,311	18,598,093	48,126,398	99,378,802
2042	32,536,655	18,610,403	44,192,735	95,339,793
2043	32,120,879	18,607,790	40,297,659	91,026,328
2044	31,727,070	18,777,976	36,471,263	86,976,309
2045	30,933,453	18,443,268	32,744,535	82,121,256
2046	30,276,062	18,187,340	29,148,527	77,611,929
2047	29,747,108	17,724,389	25,713,761	73,185,258
2048	28,738,807	17,309,133	22,469,091	68,517,031
2049	27,609,067	16,834,414	19,440,327	63,883,808
2050	26,661,123	16,473,757	16,648,944	59,783,824
2051	25,331,418	15,416,082	14,110,714	54,858,214
2052	23,799,547	14,617,318	11,834,712	50,251,577
2053	22,442,065	13,790,085	9,823,042	46,055,192
2054	21,008,564	12,961,894	8,071,164	42,041,622
2055	19,641,934	12,149,684	6,568,343	38,359,961
2056	18,254,684	11,327,431	5,298,705	34,880,820
2057	16,882,455	10,504,190	4,242,445	31,629,090
2058	15,553,612	9,689,892	3,377,059	28,620,563
2059	14,258,541	8,892,553	2,678,780	25,829,874
2060	13,012,374	8,119,543	2,123,668	23,255,585
2061	11,819,741	7,377,469	1,688,567	20,885,777
2062	10,686,906	6,671,357	1,351,888	18,710,151
2063	9,618,355	6,004,968	1,094,164	16,717,487
2064	8,616,962	5,380,803	898,432	14,896,197
2065	7,684,127	4,800,159	750,353	13,234,639
2066	6,819,990	4,263,256	638,184	11,721,430
2067	6,023,664	3,769,459	552,571	10,345,694
2068	5,293,470	3,317,503	486,247	9,097,220

Plan Name: Hartford HealthCare Pension Plan
EIN / PN: 22-2672834/011
Plan Sponsor: Hartford HealthCare Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	4,627,139	2,905,676	433,708	7,966,523
2070	4,021,922	2,531,997	390,918	6,944,837
2071	3,474,805	2,194,345	355,008	6,024,158
2072	2,982,587	1,890,534	323,981	5,197,102
2073	2,542,024	1,618,390	296,469	4,456,883
2074	2,149,959	1,375,787	271,542	3,797,288

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Merged Prior Plans

Prior Plan List

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

Plan Sponsor	Hartford HealthCare
Plan Year	January 1 – December 31
Effective Date	The prior Retirement Plan for Employees of Hartford Hospital was most recently amended and restated effective January 1, 2014. The Retirement Plan for Employees of Hartford Hospital was renamed the Hartford HealthCare Pension Plan effective January 1, 2017. The prior plans were merged into the Hartford HealthCare Pension Plan as of the dates described above. The Plan was most recently amended effective January 1, 2024 to increase the small cashout limit to $7,000.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Years

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

SCHEDULE SB ATTACHMENTS

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

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

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

Plan Name:	Hartford HealthCare Pension Plan
EIN / PN:	22-2672834/011
Plan Sponsor:	Hartford HealthCare Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

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

	(ii) The accrued benefit determined as of the participant's Late Retirement Date.
Vested termination	The amount of benefit is computed as for normal retirement computed as of date of termination. Benefit commences on Normal Retirement Date, or by election as early as age 54. Reductions are as follows: 1/180th for each of the first 60 months early plus 1/360th for each of the next 60 months and actuarially for any additional months by which Early Retirement Date precedes Normal Retirement Date.
Preretirement death	For a married participant who dies after attaining age 54 and has completed 5 Years of Vesting Service (eligible for Early Retirement), spouse is entitled to pension which would have been payable if participant had retired immediately before his death, having elected 50% Joint and Survivor Option. For a married participant not eligible for early retirement, the death benefit payable to the spouse is calculated as if the participant had terminated on the first day of the calendar month coincident with or next following the date of his or her death, survived to his or her earliest retirement date, elected a 50% Qualified Joint and Survivor Annuity on the earliest date on which benefits could be paid, and died the following day. As a minimum death benefit, the death benefit of a married participant shall not be less than that of an unmarried participant. For an unmarried participant, the death benefit payable to the beneficiary of the participant shall be the Actuarial Equivalent value of ten years of payments.

Other Provisions

Forms of payment	Normal form: Participant's annuity is payable for life. A married participant will automatically be paid an actuarially reduced benefit with 50% continuing to the surviving spouse, unless the participant elects an alternative form of payment. Optional forms of payment: Single Life Annuity, 50%, 75%, or 100% Contingent Annuity, Certain and Life Annuity with certain period of 60, 120, or 180 months.

SCHEDULE SB ATTACHMENTS

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

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

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

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

SCHEDULE SB ATTACHMENTS

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

Preretirement death	For a married participant who dies after meeting the requirements for a Normal or Late Retirement Benefit, the spouse is entitled to a pension which would have been payable if the participant had retired immediately before his death, having elected 100% Joint and Survivor Option. For a married participant who dies after attaining age 55 and has completed 5 Years of Vesting Service (eligible for Early Retirement), spouse is entitled to pension which would have been payable if participant had retired immediately before his death, having elected 50% Joint and Survivor Option. For a married participant not eligible for early retirement, the death benefit payable to the spouse is calculated as if the participant had terminated on the first day of the calendar month coincident with or next following the date of his or her death, survived to his or her earliest retirement date, elected a 50% Qualified Joint and Survivor Annuity on the earliest date on which benefits could be paid, and died the following day. As a minimum death benefit, the death benefit of a married participant shall not be less than that of an unmarried participant. Benefit commences the first day of the month coincident with or next following date of death, or earliest retirement date if later.

Other Provisions

Forms of payment	For single participants, the normal form of payment is a life annuity. For married participants, the benefit is automatically reduced and payable as a 50% joint and survivor annuity, unless a life annuity or other optional form is elected with spousal consent. Optional forms of benefit payments are available on an actuarially equivalent basis, subject to spouse consent requirements: ▪ 50%, 75%, or 100% joint and survivor annuity ▪ 5- and 10-year certain and continuous

SCHEDULE SB ATTACHMENTS

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

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

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

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

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

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

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

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

Other Plan Provisions

Forms of payment	For single participants, the normal form of payment is a life annuity. For married participants, the benefit is automatically reduced and payable as a 50% joint and survivor annuity, unless a life annuity or other optional form is elected with spousal consent. Optional forms: • Lump sum • 50%, 75%, or 100% joint and survivor annuity
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Prior Plan Provisions – Midstate Medical Center Retirement Plan

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

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

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Monthly pension benefit	Benefit accruals were frozen effective January 1, 2016. The greater of (a) and (b), minus (c), calculated at the earlier of termination date and December 31, 2012. a. 1.5% of Average Earnings multiplied by Credited Service. b. $72 multiplied by Credited Service. c. Benefit from the National Pension Fund for Hospital and Health Care Employees, if applicable.
Monthly preretirement death benefit	100% of the monthly pension benefit as of the date of death, reduced for the 100% joint and survivor election and reduced for early payment.

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

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

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

Other Plan Provisions

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

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

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

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

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Normal retirement date (NRD)	First of month coinciding with or next following the later of the attainment of age 65 and the fifth anniversary of participation.
Accrued benefit	The monthly benefit is the sum of (1), (2), and (3), as follows: (1) The greater of $66 or 1.50% of past service pay multiplied by credited past service (2) 1.45% of average final pay multiplied by credited future service, for service up to and including 9/30/1999 (3) 1.60% of average final pay multiplied by credited future service, for service on or after 10/1/1999 Benefit accruals are frozen effective 10/1/2017.

Vesting schedule:

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

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

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD after attaining age 55 with 10 years of credited or vesting service
Postponed retirement	Retirement after NRD
Termination with deferred vested benefit	Termination for reasons other than death or retirement after completing three years of vesting service

Preretirement death benefit	Death while eligible for deferred vested, early, normal or postponed retirement benefits.

Benefits Paid Upon the Following Events

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

Other Plan Provisions

Forms of payment	For single participants, the normal form of payment is a life annuity. For married participants, the benefit is automatically reduced and payable as a 50% joint and survivor annuity, unless a life annuity or other optional form is elected with spousal consent. Optional forms: • Life annuity • 50% or 100% joint and survivor annuity • 10 year certain and life annuity Optional forms of payment are converted from the normal form using 6% interest and the UP-84 Mortality Table.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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

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

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

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

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit determined as of NRD.
Early retirement	For participants who have elected a lump sum, the greater of (i) or (ii) below: (i) 100% of the Cash Balance Account (ii) Actuarial Equivalent of the July 31, 1994 accrued benefit For participants who have elected a life annuity, the greater of (i) or (ii) below: (i) Actuarial Equivalent of the Cash Balance Account expressed as life annuity (ii) July 31, 1994 accrued benefit reduced 1/15 for each of the first five years and 1/30 for each of the next five years that early retirement precedes NRD.
Postponed retirement	Accrued Benefit determined as of actual retirement date.
Termination with Deferred Vested Benefit	Accrued Benefit determined as of date of termination. If the participant elects to defer the commencement of his benefit, then the Cash Balance Account, if applicable, will continue to be credited with interest credits until actual benefit commencement.
Preretirement death	Preretirement Death Benefit is payable.

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Other Plan Provisions

Forms of payment	For single participants, the normal form of payment is a life annuity. For married participants, the benefit is automatically reduced and payable as a 66 2/3% joint and survivor annuity with 10 years certain, unless a life annuity or other optional form is elected with spousal consent. Optional forms: • Lump sum • 66 2/3%, 75%, or 100% joint and survivor annuity with 10 years certain • 10 year certain and life annuity • 15 year certain and life annuity • Full cash refund annuity
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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

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

Definitions	
Vesting service	One year for each plan year with 1,000 or more hours of service. Excludes service prior to age 18.
Credited service	Service prior to January 1, 1976, is credited for all years and months of continuous employment as a full-time, regularly scheduled employee. With respect to service after December 31, 1975: (i) For employees with a participation date prior to January 1, 1983, a year of service is credited for each plan year during which the participant completes at least 173 hours of service; (ii) For employees with a participation date after December 31, 1982, a year of service is credited for each plan year during which the participant completes 2,080 hours of service. A participant who completes less than 2,080 hours, but more than 173 hours in a plan year shall receive a pro-rata portion of a year of credited service. (iii) No credited service is earned by participants after December 31, 2009
Compensation	Annual earnings for the plan year including any overtime and restricted call pay and any tax-deferred contributions to a 403(b) or Section 125 plan but excluding bonuses, severance payments, and all other forms of premium pay.

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

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

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

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Other plan provisions

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

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

Plan Provisions	
Coverage and participation	Employees, other than a per diem employee designated as a "P.R.N.", who work at least 1,000 hours in a 12-month period are eligible on the January 1 or July 1 following the completion of one year of service and attainment of age 21. Contributory Program: Must agree to make employee contributions (No new members after July 1, 1988). Effective March 1, 2004: Non-collectively bargained employees and collectively bargained employees classified as RNs or LPNs first hired on or after March 1, 2004 will not be eligible to participate. Effective March 1, 2005: Collectively bargained employees represented by Local 5099 first hired on or after March 1, 2005 will not be eligible to participate.
Definitions	
Credited service	Years Prior to December 31, 1988: A plan year after April 1, 1960 while a plan participant in which member has 2,000 hours of service while an eligible employee. For less than 2,000 hours of service, 1/4 year of credited service for each 500 hours completed is credited, through December 31, 1988. Years After December 31, 1988: A plan year while a plan participant in which member has 1,000 hours of service while a participant. Effective April 1, 2006, Credited Service for Non-collectively bargained participants is frozen. Effective December 31, 2009 Credited Service is frozen for all participants.
Vesting service	A plan year commencing at date of hire in which the eligible employee works at least 1,000 hours. One year of service is credited for the plan year in which the employee was hired and in which the employee terminates service regardless of the number of hours of service performed, through December 31, 1988. Any year of service during which the employee is not at least age 18 is excluded.

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

Eligibility for Benefits

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

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

Monthly benefits payable upon the following events

Normal Retirement	The Normal Retirement Benefit payable to a member shall be a monthly amount equal to: Contributory Program: 3% of the Average Monthly Compensation multiplied by the number of years of Credited Service, maximum 25 years. Non-Contributory Program: 2% of the Average Monthly Compensation multiplied by the number of years of Credited Service, maximum 25 years. Maximum at Retirement: $4,000 per month ($48,000 yearly). Benefit accruals were frozen effective January 1, 2016.
Late Retirement	The greater of the benefit based on earnings and service to Late Retirement Date and the actuarial equivalent of prior year's benefit.
Early Retirement	Contributory Program: Accrued Normal Retirement Benefit at Early Retirement Date. Payable at age 65 or payable at early retirement date reduced by the appropriate percentage shown below. To determine the Death Benefit Ratio and the Early Retirement reduction factor for a Contributory Program Participant: 1. Calculate the number of years and completed months by which the Early Retirement Date of the participant precedes the Normal Retirement Date. 2. Calculate the Death Benefit Ratio as follows: Divide the Participant's Contributions with interest at the current plan interest rate for employee contributions at Early Retirement Date by the Participant's Annual Accrued Benefit as of Early Retirement Date in the Normal Form, and round to the nearest whole number (from 0 to 4). This is the Death Benefit Ratio. 3. Use the appropriate Death Benefit Ratio and Number of Years Early to determine the appropriate Early Retirement reduction factor, interpolated for years and months.

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

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

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Vested Termination	Accrued Normal Retirement Benefit at termination date. Payable at Normal Retirement Date or Early Retirement Date, subject to same reduction as Early Retirement Benefit.
Preretirement Death	Qualified Pre-Retirement Joint and Survivor Annuity. Spouse receives amount payable as if member terminated rather than died and began to receive benefits at the earliest early retirement date in the form of a 50% Joint and Survivor Annuity and then died, leaving half his benefit to his spouse.

Eligibility for immediate preretirement death benefit:

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

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

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

This benefit is automatic unless A is greater

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

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

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

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

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

Other Provisions

Form of Benefit	Contributory Program: Life Annuity with a modified cash refund death benefit. Non-Contributory Program: Life Annuity. Options: 50% Joint and Survivor with spouse (this option is automatically payable to a married participant on an actuarially reduced basis), 75% Joint and Survivor, 100% Joint and Survivor, Social Security Adjustment, or 10 Years Certain and Life. Optional form adjustments for Joint and Survivor and 10 Years Certain and Life are based on the 1951 Group Annuity Table with a 6-year setback for participants and 1-year setback for beneficiaries, and an interest rate of 4.5%. Optional form adjustments for Social Security Adjustment are based on the 1951 Group Annuity Table with a 1-year setback, and an interest rate of 4.5%.
Cost of Living Adjustments	For all retired participants, and all spouses eligible for annuity payments, the monthly amount of annuity payable will be subject to annual Cost-of-Living adjustments, based on the Consumer Price Index (Urban Wage Earners and Clerical Workers) published monthly by the Bureau of Labor Statistics for the fourth month preceding the beginning of the plan year. Contributory Program: For benefits accrued to December 23, 1996 for Nurses or April 17, 1997 for all other employees: The adjustment for each Plan Year will be determined by dividing the CPI for the fourth month preceding the beginning of the Plan Year by the CPI for the forth month prior to the immediately preceding plan anniversary date (the first day of the Plan Year), or if later, the fourth month preceding the Early or Normal Retirement Date, as appropriate. The monthly amount of benefit payable or credited during the current Plan Year will equal the monthly amount payable or credited during the preceding Plan Year adjusted by the percentage increase in the CPI, to the nearest one-tenth of one percent.

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	No annual percentage increase or decrease will exceed 3%, and no decrease may reduce the retiree's benefit below the amount originally paid. Non-Contributory Program: For benefits accrued to December 23, 1996 for Nurses or April 17, 1997 for all other employees: 1% if Consumer Price Index change is greater than 0, but less than 3%, 2% if Consumer Price Index is between 3% and 5%, 3% if Consumer Price Index is 5% or greater. No decrease may reduce the retiree's benefit below the amount originally paid. Contributory and Non-Contributory Program: Effective January 1, 2002, there shall be no Cost-of-Living increase with respect to benefits accruing after December 23, 1996 for Nurses and April 17, 1997 for all other employees unless the total return on the value of the pension assets for the preceding plan year exceeds the 30-year Treasury Bond rate in effect on the first business day of the plan year in which the Cost-of-Living adjustment occurs. No Cost-of-Living adjustment will be made for Nurses hired after December 23, 1996 and all other employees hired after April 17, 1997.
Plan Interest Rate for Participant Contributions	For Plan Years beginning after December 31, 1987, 120% of the Federal Mid-term rate in effect as of the first month of the Plan Year, compounded annually.
Early Retirement Program	Eligibility: Employee during the period January 1, 1991 through December 31, 1991; vested as of December 31, 1990; attained age 45 (including five additional years referred to below); attain Retirement Status as of March 31, 1992; terminate employment on or before December 31, 1991. Benefit: Recalculated benefit with the addition of five years of service to years of Credited Service or five years to attained age, or any combination of age and service. If attained age after addition of years described above is less than 50, payments will be deferred until at least age 50.

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

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

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

Definitions	
Credited Service	One credit is earned if a participant works over 1,000 hours in a plan year. Partial credit is given to those who work over 500 but less than 1,000 hours in a plan year, rounded to the nearest tenth. No additional credits are earned after December 31, 2012.
Continuous Service	One credit is earned if a participant works over 1,000 hours in a plan year. Partial credit is given to those who work over 500 but less than 1,000 hours in a plan year, rounded to the nearest tenth.
Normal retirement date (NRD)	Age 65 and 5 years of continuous service.
Monthly pension benefit	As of January 1, 2013: 2% of average monthly earnings less 1-2/3% of the estimated primary social security benefit, the sum of which is multiplied by the years of total credited service up to a maximum of 30 years. Accrued Benefit will not increase after December 31, 2012.
Monthly preretirement death benefit	50% of the monthly pension benefit the participant would have received had the participant retired the day before the participant died and elected the 50% joint and survivor option. Benefits commence the first day of the month following the participant's death if the participant has attained normal retirement age. However, if the participant met the criteria for early retirement eligibility, the spouse may elect to commence on the participant's early retirement date. If the participant does not satisfy this requirement, then the benefit will commence on the first day of

SCHEDULE SB ATTACHMENTS

	the month following the date the participant would have qualified for early retirement.
Actuarial Equivalence	1951 Group Annuity Mortality projected to 1965 with scale C setback 3 years for participants and 2 years for beneficiaries with 5.50% interest rate.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 60 and completing 10 years of continuous service.
Late retirement	Retirement after NRD.
Disability	Attainment of age 50, 15 years of continuous service, total and permanent disability.
Vested termination	Termination for reasons other than death or retirement after completing five years of continuous service.
Preretirement death benefit	Death after completion of five years of continuous service, provided the participant is married on the date of death.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Late retirement	As of January 1, 2013, monthly pension benefit with an actuarial increase from the later of NRD or 12/31/2012.
Early retirement	Monthly pension benefit reduced by 5/9ths of 1% for each month by which the participant's early retirement date precedes the normal retirement date.
Termination	Monthly pension benefit payable at unreduced normal retirement date or reduced by 5/9ths of 1% for each month by which the participant's commencement date precedes the normal retirement date at early retirement date based on the benefit accrued as of the earlier of January 1, 2013 or the date of termination.
Disability	Accrued monthly pension benefit based on service and earnings as of the earlier of January 1, 2013 or the date of disability. Payable on an unreduced basis.

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Other Plan Provisions

Forms of Payment	Monthly pension benefits will be paid as life annuities, if the participant has no spouse as of the date payments commence, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms include a 66-2/3%, 75% or 100% joint and survivor annuity.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.36%	5.32%

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

Lump sum conversion of annuity benefits for grandfathered participants: Funding Interest Rates

Annual rates of increase

- Cash balance interest crediting rate
  - Former HH Plan: 5.50%
  - Former VNA Plan: 4.25%
- Rate of increase on former Windham Plan employee contributions: 5.00%
- Cost-of-living adjustment for retirement benefits
  - Former HH Plan: 2.50%
  - Former Windham Plan contributory program
    - i. Benefits accrued through 12/31/1996: 2.50%
    - ii. Benefits accrued after 12/31/1996: 1.50%

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

Plan-related expenses $3,800,000

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Healthy Mortality	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
Disabled Mortality	Same as described above for Healthy Mortality.
Lump Sum Mortality (applies to certain minimum benefits)	The IRC §417(e) blended mortality tables in effect as of the valuation date
Termination	Rates varying by age, representative termination rates are shown below.

Representative Termination Rates

Rate leaving during the year	
Attained Age	Rate
25	0.125
30	0.125
35	0.100
40	0.075
45	0.050
50	0.050
55+	0.000

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Disability

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

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

All other prior plans: None

Retirement

Rates varying by age, average age 63.

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

Rate retiring during the year	
Attained Age	Rate
55-59	0.050
60-61	0.075
62-64	0.125
65-69	0.300
70+	1.000

Benefit commencement date:

- Preretirement death benefit

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

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

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

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

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

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

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

- Deferred vested benefit for active participants

Former HH: A portion of lump-sum eligible participants are assumed to commence upon termination of employment. Those not commencing immediately are assumed to defer to age 65.

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

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

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

Former VNA: A portion are assumed to commence upon termination of employment. Those not commencing immediately are assumed to defer to age 65.

- Deferred vested benefit for deferred vested participants

For former HH, Natchaug, Backus: Rates vary by age:

Attained Age	Rate
62	0.050
63-64	0.100
65	1.000

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For former New Britain, Bradley, MidState, VNA, CHH, Windham: Rates vary by age:

Attained Age	Rate
62-64	0.050
65	0.650
66	0.350
67-69	0.300
70	1.000

- Retirement benefit: Upon termination of employment after eligible for retirement

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

Form of payment

For participants entitled to lump sum benefits:

For active participants terminating employment or married participants dying prior to attaining early retirement eligibility: 10% elect an immediate lump sum, 30% elect a deferred lump sum, and 60% elect a deferred annuity. For all deferred vested participants: 67% annuity and 33% lump sum.

For active participants terminating employment or married participants dying after attaining early retirement eligibility: 67% annuity and 33% lump sum.

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

Female participants: 60% elect single life annuity and 40% elect 50% joint and survivor annuity.

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

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

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	Former VNA (pre-August 1, 1994): 50% joint and survivor annuity option includes 10 year certain period Former MidState: Biannual automatic cost-of-living adjustment of 3% for participants who terminate or retire after January 10, 1991
Cash balance annuity conversion assumption	The assumption used to convert cash balance accounts into annuities are: Former VNA: The IRC §430(h) segment interest rates (consistent with the chosen interest rate basis for calculating the funding target) and the IRC §417(e) blended mortality tables in effect as of the valuation date are used.
Percent married	60% of both males and females assumed to be married
Spouse age	Wives four years younger than male employees Husbands same age as female employees
Spouse Sex	Spouses are assumed to be opposite of participant's sex
Timing of benefit payments	Assumed to occur at mid-year

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 the plan year plus plan-related expenses expected to be paid from plan

	assets during the plan year as required by regulations under IRC §430.
Decrement timing	The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding 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 prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Hartford HealthCare and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $7,000 in a single lump sum payment). Such lump sums are not

explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

Hartford HealthCare and Hartford HealthCare's third party administrator furnished participant data as of January 1, 2025. Information on assets, contributions, and plan provisions was supplied by the plan sponsor and trustee. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Hartford HealthCare, the following assumptions were made for missing or apparently inconsistent data elements:

- Data from the prior census date was relied upon for any missing data elements.
- If not provided, assumptions were made for spouse date of birth and sex as described in this report.
- If not provided, records missing form of payment are assumed to have elected a 50% Joint and Survivor annuity.
- If not provided, cash balance has been rolled forward from the prior census using the interest crediting rate in effect for that period.
- If not provided, records are assumed to receive the average benefit amount for their cohort.
- If not provided, records are assumed to be the average age for their cohort.
- If not provided, pension payable date is assumed to be the census date for in-payment records and the later of age 65 or census date for deferred records.

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
Hartford HealthCare Pension Plan

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Hartford HealthCare Corporation

D Employer Identification Number (EIN)
22-2672834

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,809,152,438
b Actuarial value	**2b**	1,830,296,613

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	7,465	1,025,624,171	1,025,624,171
b For terminated vested participants	3,287	235,072,131	235,072,131
c For active participants	3,565	432,919,458	433,705,169
d Total	14,317	1,693,615,760	1,694,401,471

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3,800,000
c Target normal cost	**6c**	3,800,000

Statement by Enrolled Actuary

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

SIGN HERE

Theresa Webber TMW
Signature of actuary

10/12/2026
Date

Theresa Webber
Type or print name of actuary

2608362
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

617-638-3700
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16,574,725
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	16,574,725
10	Interest on line 9 using prior year's actual return of 4.07%	0	674,591
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 5.08%		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	17,249,316

Part III Funding Percentages

14	Funding target attainment percentage	14	107.00%
15	Adjusted funding target attainment percentage	15	108.02%
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	111.72%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ 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

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	3,800,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	3,800,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**: 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
		HHC DB MASTER TRUST	$	$ 1807162435