# 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.)
- ☒ 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
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 04/04/1998

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

500 W. MONROE ST
CHICAGO, IL 60661

**2b** Employer Identification Number (EIN)
88-2515116

**2c** Plan Sponsor's telephone number
224-239-0617

**2d** Business code (see instructions)
621510

**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. | 10/15/2026 | BRYAN FALATO |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

GE HEALTHCARE BENEFITS ADMINISTRATIVE COMMITTEE

500 W. MONROE ST
CHICAGO, IL 60611

**3b** Administrator's EIN
88-2515116

**3c** Administrator's telephone number
224-239-0617

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 10569 |
| **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)** | 212 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 182 |
| **b** | Retired or separated participants receiving benefits | **6b** | 5831 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 3113 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 9126 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1108 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 10234 |
| **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 1I 3H

**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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GE HEALTHCARE TECHNOLOGIES INC.

**D** Employer Identification Number (EIN)
88-2515116

**E** Type of plan: [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** | 659465640 |
| **b** Actuarial value | **2b** | 679422771 |

**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 | 6601 | 499442430 | 499442430 |
| **b** For terminated vested participants | 3756 | 219274543 | 219274543 |
| **c** For active participants | 212 | 13053577 | 13333275 |
| **d** Total | 10569 | 731770550 | 732050248 |

**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** | 5.34 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 8350000 |
| **c** Target normal cost | **6c** | 8350000 |

**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

08/15/2026
Date

DAWN M. OCHOA
Type or print name of actuary

26-07557
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC #17755, AON
PO BOX 551343
ATLANTA, GA 30355
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) | 63984297 | 68256 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 13127807 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 50856490 | 68256 |
| 10 | Interest on line 9 using prior year's actual return of 0.87 % | 442451 | 594 |
| 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 5.06 % | | 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) | 51298941 | 68850 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 85.79 % |
| 15 | Adjusted funding target attainment percentage | 15 | 85.79 % |
| 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 | 102.25 % |
| 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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**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** | 62 |

**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** | 8350000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 103995268 | 10016442 |
| **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** | 18366442 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 18366442 | 0 | 18366442 |

| | | |
|---|---|---|
| **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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
GE HEALTHCARE TECHNOLOGIES INC.

**D** Employer Identification Number (EIN)
88-2515116

## Part I Service Provider Information (see instructions)

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)

AON CONSULTING, INC.

22-2232264

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 50 | NONE KNOWN | 1453304 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

GLOBAL SHAREHOLDER SERVICES INC

65-0696806

| (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? |
|---|---|---|---|---|---|---|
| 13 50 | NONE KNOWN | 117250 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

| (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? |
|---|---|---|---|---|---|---|
| 13 50 | NONE KNOWN | 111791 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

IVINS, PHILLIPS & BAKER

1700 PENNSYLVANIA AVENUE
SUITE 600
WASHINGTON, DC 20006

| (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? |
|---|---|---|---|---|---|---|
| 29 50 | NONE KNOWN | 91091 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

DELOITTE & TOUCHE LLP

13-3891517

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE KNOWN | 64734 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

PLANTE & MORAN, PLLC

33-1498605

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE KNOWN | 19500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

| (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? |
|---|---|---|---|---|---|---|
| 18 19 51 50 | NONE KNOWN | 15701 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | 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:

**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:

**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
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
GE HEALTHCARE TECHNOLOGIES INC.

**D** Employer Identification Number (EIN)
88-2515116

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GE HEALTHCARE PENSION MASTER TRUST

**b** Name of sponsor of entity listed in (a): GE HEALTHCARE TECHNOLOGIES, INC.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 88-2667837-005 | M | 667355976 |

**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
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
GE HEALTHCARE TECHNOLOGIES INC.

**D** Employer Identification Number (EIN)
88-2515116

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 0 | 4299067 |
| **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) | 659465640 | 667355976 |
| **(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 | 659465640 | 671655043 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 0 | 19500 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 19500 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 659465640 | 671635543 |

## 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) | | 0 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(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) | | 0 |

| | | (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) | | 70081525 |
| (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 | | 70081525 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 51076125 | |
| (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) | | 51076125 |
| 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) | 229041 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 64734 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 15701 | |
| (7) Actuarial fees | 2i(7) | 1453304 | |
| (8) Legal fees | 2i(8) | 91091 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 4981626 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 6835497 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 57911622 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 12169903 |
| 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)** [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **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 | | 25000000 |
| **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** | | | |
| **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 577545.

# 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
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
GE HEALTHCARE TECHNOLOGIES INC.

**D** Employer Identification Number (EIN)
88-2515116

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

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

EIN(s): 14-6015763

**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** 202

## 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: 22.0 % Private Equity: 11.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 50.0 %
High-Yield Debt: 6.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 1.0 % Other: 5.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

GE HealthCare

# GE HealthCare Defined Benefit Plans

GE HealthCare Pension Plan

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

GE HealthCare Legacy Affiliates Pension Plan

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**Financial Report**
**(000s omitted)**
**December 31, 2025**

# GE HealthCare Defined Benefit Plans

## Contents


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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable

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## INDEPENDENT AUDITOR'S REPORT

The GE HealthCare Benefits Administrative Committee of
GE HealthCare Pension Plan,
Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc.
and GE HealthCare Legacy Affiliates Pension Plan

### Opinion

We have audited the financial statements of GE HealthCare Pension Plan, GE HealthCare Legacy Affiliates Pension Plan and Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc. (each a "Plan" and collectively the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of December 31, 2024, the related statements of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plans as of December 31, 2025 and 2024, the changes in their net assets available for benefits for the years then ended, the accumulated plan benefits as of December 31, 2024, and the changes in their accumulated plan benefits for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

**Supplemental Schedule Required by ERISA – GE Healthcare Pension Plan**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of delinquent participant contributions for the year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of

management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deloitte & Touche LLP

October 15, 2026

## GE HealthCare Defined Benefit Plans

# Statements of Net Assets Available for Benefits

**December 31, 2025**

**(000s omitted)**

| | GE HealthCare Pension Plan | Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc. | Legacy Affiliates Pension Plan |
|---|---|---|---|
| **Assets** | | | |
| Plan's interest in the GE HealthCare Pension Master Trust (Notes 3 and 4) | $13,898,374 | $70,974 | $667,356 |
| Prefunded retiree benefit payments | 90,073 | 336 | 4,299 |
| Total assets | 13,988,447 | 71,310 | 671,655 |
| **Liabilities** - Accrued administrative expenses | 20 | 20 | 20 |
| **Net Assets Available for Benefits** | **$13,988,427** | **$71,290** | **$671,635** |

See notes to financial statements.

## GE HealthCare Defined Benefit Plans

# Statements of Net Assets Available for Benefits

**December 31, 2024**

**(000s omitted)**

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

See notes to financial statements.

## GE HealthCare Defined Benefit Plans

# Statements of Changes in Net Assets Available for Benefits

**Year Ended December 31, 2025**

**(000s omitted)**

| | GE HealthCare Pension Plan | Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc. | Legacy Affiliates Pension Plan |
|---|---|---|---|
| **Additions** | | | |
| Contributions - Employees | $171 | $ — | $ — |
| Investment income - Plan interest in GE HealthCare Pension Master Trust net investment income | 1,454,978 | 7,329 | 70,081 |
| Total additions | 1,455,149 | 7,329 | 70,081 |
| **Deductions** | | | |
| Benefits paid directly to participants or beneficiaries | 1,124,346 | 3,661 | 51,076 |
| Administrative and investment expenses | 82,905 | 249 | 6,836 |
| Total deductions | 1,207,251 | 3,910 | 57,912 |
| **Net Increase** | 247,898 | 3,419 | 12,169 |
| **Net Assets Available for Benefits** | | | |
| Beginning of year | 13,740,529 | 67,871 | 659,466 |
| End of year | **$13,988,427** | **$71,290** | **$671,635** |

See notes to financial statements.

## GE HealthCare Defined Benefit Plans

# Statements of Changes in Net Assets Available for Benefits

**Year Ended December 31, 2024**

**(000s omitted)**

| | GE HealthCare Pension Plan | Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc. | Legacy Affiliates Pension Plan |
|---|---|---|---|
| **Additions** | | | |
| Contributions: | | | |
| Employees | $3,871 | $ — | $ — |
| Employer | — | — | 2,700 |
| Total contributions | 3,871 | — | 2,700 |
| Investment income - Plan interest in GE HealthCare Pension Master Trust net investment income | 121,784 | 562 | 5,939 |
| Total additions | 125,655 | 562 | 8,639 |
| **Deductions** | | | |
| Benefits paid directly to participants or beneficiaries | 1,098,044 | 4,002 | 54,410 |
| Administrative and investment expenses | 76,841 | 263 | 8,326 |
| Total deductions | 1,174,885 | 4,265 | 62,736 |
| **Net Decrease** | -1,049,230 | -3,703 | -54,097 |
| **Net Assets Available for Benefits** | | | |
| Beginning of year | 14,789,759 | 71,574 | 713,563 |
| End of year | **$13,740,529** | **$67,871** | **$659,466** |

See notes to financial statements.

## GE HealthCare Defined Benefit Plans

# Statements of Accumulated Plan Benefits

**December 31, 2024**

**(000s omitted)**

| | GE HealthCare Pension Plan | Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc. | Legacy Affiliates Pension Plan |
|---|---|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits** | | | |
| Vested benefits: | | | |
| Participants currently receiving benefit payments | $9,852,336 | $33,280 | $445,729 |
| Other participants | 3,665,112 | 16,188 | 197,951 |
| Total vested benefits | 13,517,448 | 49,468 | 643,680 |
| Nonvested benefits | 44,209 | 172 | 206 |
| **Total Actuarial Present Value of Accumulated Plan Benefits** | **$13,561,657** | **$49,640** | **$643,886** |

See notes to financial statements.

## GE HealthCare Defined Benefit Plans

# Statements of Changes in Accumulated Plan Benefits

**Year Ended December 31, 2024**

**(000s omitted)**

| | GE HealthCare Pension Plan | Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc. | Legacy Affiliates Pension Plan |
|---|---|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits** - Beginning of year | $13,700,355 | $50,421 | $657,611 |
| Increase (decrease) during the year attributable to: | | | |
| Benefits accumulated | 25,446 | 604 | — |
| Interest due to decrease in the discount period | 922,375 | 3,392 | 44,161 |
| Benefits paid | -1,098,044 | -4,002 | -54,410 |
| Plan Amendments | — | — | — |
| Changes in actuarial assumptions | -1,281 | — | 1,037 |
| Other changes or actuarial (gains)/losses | 12,806 | -775 | -4,513 |
| Net decrease | -138,698 | -781 | -13,725 |
| **Actuarial Present Value of Accumulated Plan Benefits** - End of year | **$13,561,657** | **$49,640** | **$643,886** |

See notes to financial statements.

## Note 1 - Plan Description

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

***General***

*HealthCare Pension Plan*

HCPP is a contributory defined benefit plan and was formed on January 1, 2023 as a result of GE HealthCare Technologies Inc.'s (the "Company", or GEHC) spin-off from General Electric Company (GE) and provides benefits to covered participants based on the greater of two formulas recognizing: (a) a regular pension based on career earnings or (b) a minimum guaranteed pension based on length of service and final average earnings. Benefit provisions are subject to collective bargaining. If participants made contributions to HCPP, they are also eligible for a personal pension account annuity or a voluntary pension account annuity, as defined in HCPP's agreement.

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

*Retirement Income Plan*

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

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

*Legacy Affiliates Pension Plan*

LAPP is a noncontributory defined benefit pension plan sponsored by the Company. The plan is frozen, other than accumulation of cash balance interest credits due for certain participants.

The LAPP provides benefits to certain employees affiliated with the Company. Effective December 31, 2023, the LAPP was established through the merger of three previously frozen pension plans. No new participants may be added to the Plan on or after the respective freeze dates of the predecessor plans, and benefit accruals under each predecessor plan ceased as of the applicable freeze date.

***Master Trusts***

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

## Note 1 - Plan Description (Continued)

As of December 31, 2025 and 2024, the GEHC MT has a divided interest in certain assets of the GE Pension Trust (the "GEPT"). The GEHC MT and the GEPT are collectively referred to herein as the "Master Trusts." During 2024 all plan assets were transferred from the GEPT to the GEHC MT, with the exception of private equities and other investments and real estate investments that remained in the GEPT.

***Contributions***

Contributions are made by the Company and Datex-Ohmeda (the "Plan Sponsors") in actuarially determined amounts. The funding policy of the Plans is to contribute amounts sufficient to meet minimum funding requirements, as set forth in employee benefit and tax law plus additional amounts as the Plan Sponsors may determine to be appropriate. There were contributions of $2,700 made to LAPP during 2024. There were no contributions required by the Plan Sponsors of HCPP or RIP to meet the minimum funding requirements of ERISA during 2024. There were no contributions required by the Plan Sponsors of HCPP, LAPP, or RIP to meet the minimum funding requirements of ERISA during 2025.

Prior to December 31, 2024, participants of HCPP could voluntarily contribute 3 percent of their first $100 of eligible compensation and were required to contribute 3 percent of any eligible compensation above $100 to the HCPP. Required and voluntary contributions of participating employees are 100 percent vested and earn interest credits, as defined by the Plans.

For the HCPP, as of December 31, 2024, the accumulated contributions of active employees, including interest credited on those contributions, amounted to $214,185. As of December 31, 2024, the rate for which interest was credited on the contributions was 5.10 percent.

***Vesting***

Participants are generally fully vested for retirement benefits after five years of service for all Plans.

***Pension Benefits***

*HealthCare Pension Plan*

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

*Retirement Income Plan*

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

## Note 1 - Plan Description (Continued)

*Legacy Affiliates Pension Plan*

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

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

***Death Benefits***

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

***Party-in-interest Transactions***

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

Participant contributions totaling $171 in October 2024 were paid to the HCPP after the time frame required by the Department of Labor. The Company remitted these contributions and lost earnings to the Plan in February 2025. The late contributions represent nonexempt transactions with parties-in-interest.

## Note 2 - Summary of Significant Accounting Policies

***Basis of Accounting***

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

***Investment Valuation and Income Recognition***

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

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

## Note 2 - Summary of Significant Accounting Policies (Continued)

***Benefit Payments***

Benefits are recorded when paid. The Plans prefunded retiree benefit payments on the accompanying statements of net assets available for benefits represents funds withdrawn from the GEHC MT prior to December 31, 2025 and 2024, respectively, and paid as benefits to participants or beneficiaries in January 2026 and 2025, respectively.

***Actuarial Present Value of Accumulated Plan Benefits***

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

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

***Actuarial Assumptions***

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

## Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2024 are summarized as follows:

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

The foregoing actuarial assumptions are based on the presumption that the Plans will continue. Were the Plans to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The assumptions above did not change from December 31, 2023 to December 31, 2024.

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

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

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

## Note 2 - Summary of Significant Accounting Policies (Continued)

***Administrative Expenses***

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

***Use of Estimates***

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

***Risks and Uncertainties***

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

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including October 15, 2026, which is the date the financial statements were available to be issued. There are no subsequent events required for recognition or disclosure.

## Note 3 - Interest in Master Trusts

As of December 31, 2025 and 2024, the GEHC MT has a divided interest in certain assets of the GEPT. As of December 31, 2025 and 2024, certain investments are held directly by the GEHC MT and certain investments are held by the GEHC MT through its divided interest in the GEPT.

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

At December 31, 2025 and 2024, the Plans' approximate ownership interests in the GEHC MT (rounded to the nearest 1 percent) were as follows:

| | 2025 | 2024 |
|---|---|---|
| GE HealthCare Pension Plan | 95% | 95% |
| Legacy Affiliates Pension Plan | 5 | 5 |
| Retirement Income Plan (Less than 1 percent) | - | - |
| Total GE HealthCare Master Trust investments | 100% | 100% |

## Note 3 - Interest in Master Trusts (Continued)

The net assets of the GEHC MT at December 31, 2025 and December 31, 2024, are as follows:

| | December 31, 2025 | | | |
|---|---|---|---|---|
| | GE HealthCare Pension Master Trust | HealthCare Pension Plan | Retirement Income Plan | Legacy Affiliates Pension Plan |
| Investments: | | | | |
| Global equity: | | | | |
| U.S. equities | $3,377,696 | $3,207,312 | $16,379 | $154,005 |
| Non-U.S. equity securities | 504,871 | 479,404 | 2,448 | 23,019 |
| Debt securities: | | | | |
| Investment fund - Cash | 1,204,160 | 1,143,418 | 5,839 | 54,903 |
| U.S. government and federal agency | 1,623,917 | 1,542,001 | 7,874 | 74,042 |
| U.S. corporate | 2,662,512 | 2,528,205 | 12,911 | 121,396 |
| Residential mortgage-backed | 38,486 | 36,544 | 187 | 1,755 |
| State and municipal | 90,337 | 85,780 | 438 | 4,119 |
| Commercial mortgage-backed | 1,087 | 1,032 | 5 | 50 |
| Asset-backed | 86,042 | 81,702 | 417 | 3,923 |
| Non-U.S. corporate | 633,953 | 601,974 | 3,074 | 28,905 |
| Non-U.S. government | 74,681 | 70,914 | 362 | 3,405 |
| Derivatives - Options | 27,371 | 25,990 | 133 | 1,248 |
| Derivatives - Swaps | 18,265 | 17,343 | 89 | 833 |
| Derivatives - Collateral | -1,597 | -1,516 | -8 | -73 |
| Futures | -74,151 | -70,410 | -360 | -3,381 |
| Private credit | 678,412 | 644,190 | 3,290 | 30,932 |
| Private equities and other investments: | | | | |
| Investment fund - Hedge | 561,513 | 533,188 | 2,723 | 25,602 |
| Private equities | 1,965,511 | 1,866,363 | 9,531 | 89,617 |
| Real estate | 777,626 | 738,399 | 3,771 | 35,456 |
| Total investments | 14,250,692 | 13,531,833 | 69,103 | 649,756 |
| Other assets: | | | | |
| Cash | 347,943 | 330,392 | 1,687 | 15,864 |
| Due from broker for securities purchased and other | 251,199 | 238,528 | 1,217 | 11,454 |
| Total other assets | 599,142 | 568,920 | 2,904 | 27,318 |
| Other liabilities - Due to broker and for securities sold and other | -213,130 | -202,379 | -1,033 | -9,718 |
| Total net assets | $14,636,704 | $13,898,374 | $70,974 | $667,356 |

## Note 3 - Interest in Master Trusts (Continued)

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

## Note 3 - Interest in Master Trusts (Continued)

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

| | 2025 | 2024 |
|---|---|---|
| Net realized and unrealized (losses) gains on investments | $1,225,652 | -$176,626 |
| Interest and dividends | 332,365 | 307,954 |
| Investment management expenses | -25,629 | -3,043 |
| Total investment income | $1,532,388 | $128,285 |

***Derivative Instruments***

In the normal course of business, the GEHC MT enters into transactions in various financial instruments with off-balance-sheet risk. These financial instruments were held solely by the GEHC MT as of December 31, 2025 and 2024. These financial instruments involve varying degrees and types of risks, including interest rate, credit, and market risks, which may be in excess of the amounts recognized in the net assets of the GEHC MT. Forward contracts and futures are recorded at fair value, and the unrealized gain and loss is included in due to brokers and due from brokers in the GEHC MT statement of net assets. Financial futures are marked to market and settled with the broker on a daily basis. The GEHC MT has elected to present derivatives on a gross basis when subject to a master netting arrangement.

The below table represents the notional amounts and fair values of GEHC MT, by primary risk exposure, presented as gross assets and liabilities and gains (losses) as of December 31, 2025 and 2024:

| | Year Ended December 31, 2025 | | | | | |
|---|---|---|---|---|---|---|
| | Notional Amounts Long | Notional Amounts Short | Fair Value Asset | Fair Value Liability | Fair Value Net | (Loss) Gain Recognized in Income |
| Options | $54,591 $ | — | $27,371 $ | — | $27,371 | $3,223 |
| Swaps | 744,402 | -485,177 | 1,248,111 | -1,229,846 | 18,265 | -462 |
| Swaptions | 5,280 | — | — | — | 0 | — |
| Futures | 1,815,700 | 6,329,600 | 5,149 | -79,300 | -74,151 | 121,955 |

| | Year Ended December 31, 2024 | | | | | |
|---|---|---|---|---|---|---|
| | Notional Amounts Long | Notional Amounts Short | Fair Value Asset | Fair Value Liability | Fair Value Net | (Loss) Gain Recognized in Income |
| Options | $76,875 $ | — | $35,910 $ | — | $35,910 | -$5,619 |
| Swaps | 1,051,468 | -333,317 | 1,402,215 | -1,385,601 | 16,614 | 1,174 |

## Note 4 - Fair Value Measurements

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

## Note 4 - Fair Value Measurements (Continued)

***Level 1***

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

***Level 2***

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

***Level 3***

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

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

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

***Global Equities***

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

***Debt Securities***

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

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

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

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

## Note 4 - Fair Value Measurements (Continued)

***Private Equities and Other Investments***

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

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

***Real Estate***

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

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

***Investments Measured at NAV***

Certain investments in global equities, debt securities, private equities and other investments, and real estate are valued using NAV per share as a practical expedient for fair value provided certain criteria are met. The NAVs are determined based on the fair values of the underlying investments in the funds. Investments that are measured at fair value using the NAV as a practical expedient are not classified in the fair value hierarchy.

The following tables present information about the GEHC MT investments measured at fair value on a recurring basis at December 31, 2025 and 2024:

## Note 4 - Fair Value Measurements (Continued)

| | GE HealthCare Master Trust Net Assets at December 31, 2025 | | | |
|---|---|---|---|---|
| | GE HealthCare Master Trust | Level 1 | Level 2 | Level 3 |
| Investments at fair value: | | | | |
| Global equity: | | | | |
| U.S equities | $1,903,688 | $1,903,688 | $ — | $ — |
| Non-U.S. equities | 388,175 | 388,175 | — | — |
| Debt securities | 0 | | | |
| Investment fund - Cash | 1,204,160 | 1,204,160 | — | — |
| U.S. government and federal agency | 1,623,917 | — | 1,623,917 | — |
| U.S. corporate | 2,662,512 | — | 2,662,512 | — |
| Residential mortgage-backed | 38,486 | — | 38,486 | — |
| State and municipal | 90,337 | — | 90,337 | — |
| Commercial mortgage-backed | 1,087 | — | 1,087 | — |
| Asset-backed | 86,042 | — | 86,042 | — |
| Non-U.S. corporate | 633,953 | — | 633,953 | — |
| Non-U.S. government | 74,681 | — | 74,681 | — |
| Derivatives - Options | 27,371 | — | 27,371 | — |
| Derivatives - Swaps | 18,265 | — | 18,265 | — |
| Derivatives - Collateral | -1,597 | -1,597 | — | |
| Futures | -74,151 | -74,151 | — | |
| Private equities and other investments - Private equities | 161,376 | — | — | 161,376 |
| Real estate | 283,253 | — | — | 283,253 |
| Total investments | 9,121,555 | 3,420,275 | 5,256,651 | 444,629 |
| Investments measured at NAV (2): | | | | |
| Global equity: | | | | |
| U.S equities (1) | 1,474,008 | | | |
| Non-U.S. equity securities | 116,696 | | | |
| Debt securities - | | | | |
| Private credit | 678,412 | | | |
| Private equities and other investments: | | | | |
| Private equities | 1,804,135 | | | |
| Investment fund - Hedge | 561,513 | | | |
| Real estate | 494,373 | | | |
| Total investments at fair value | $14,250,692 | | | |

## Note 4 - Fair Value Measurements (Continued)

| | GE HealthCare Master Trust Net Assets at December 31, 2024 | | | |
|---|---|---|---|---|
| | GE HealthCare Master Trust | Level 1 | Level 2 | Level 3 |
| Investments at fair value: | | | | |
| Global equity: | | | | |
| U.S. equities | $1,398,208 | $1,398,208 | $ — | $ — |
| Non-U.S. equity securities | 371,817 | 371,817 | — | — |
| Debt securities: | 0 | | | |
| Investment fund - Cash | 694,655 | 694,655 | — | — |
| Investment fund - Fixed income | 10,503 | 6,086 | 4,417 | — |
| U.S. government and federal agency | 1,372,658 | — | 1,372,658 | — |
| U.S. corporate | 3,358,876 | — | 3,358,876 | — |
| Residential mortgage-backed | 36,707 | — | 36,707 | — |
| State and municipal | 87,410 | — | 87,410 | — |
| Commercial mortgage-backed | 2,508 | — | 2,508 | — |
| Asset-backed | 53,304 | — | 53,304 | — |
| Non-U.S. corporate | 752,827 | — | 752,827 | — |
| Non-U.S. government | 87,917 | — | 87,917 | — |
| Derivatives - Options | 35,910 | — | 35,910 | — |
| Derivatives - Swaps | 16,614 | — | 16,614 | — |
| Derivatives - Collateral | -1,008 | -1,008 | 0 | — |
| Private equities and other investments - Private equities | 222,547 | 6,872 | 0 | 215,675 |
| Real estate | 372,698 | — | — | 372,698 |
| Total investments | 8,874,151 | 2,476,630 | 5,809,148 | 588,373 |
| Investments measured at NAV (2): | | | | |
| Global equity: | | | | |
| U.S. equities (1) | 1,365,949 | | | |
| Non-U.S. equity securities | 148,389 | | | |
| Debt securities: | | | | |
| Investment fund - Fixed income | 389,641 | | | |
| Private credit | 569,970 | | | |
| Private equities and other investments: | | | | |
| Private equities | 1,553,735 | | | |
| Investment fund - Hedge | 516,051 | | | |
| Real estate | 543,598 | | | |
| Total investments at fair value | $13,961,484 | | | |

## Note 4 - Fair Value Measurements (Continued)

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

(2) Certain investment funds that are measured at fair value using NAV as a practical expedient are not classified in the level hierarchy in the tables above. The fair value amounts presented in the above tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented as total investments of the GEHC MT in Note 3.

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

Changes in the GEHC MT Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2025 are as follows:

| | Private Equities and Other Investments | Real Estate |
|---|---|---|
| Balance at January 1, 2025 | $215,675 | $372,698 |
| Purchases, issuances, sales, and settlements: | | |
| Purchases | 5,040 | 10,548 |
| Sales | -9,786 | -99,552 |
| Total realized gains (losses) | -37,128 | 49,681 |
| Total unrealized losses | -12,425 | -50,122 |
| Balance at December 31, 2025 | $161,376 | $283,253 |

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

| | Debt Securities | Private Equities and Other Investments | Real Estate |
|---|---|---|---|
| Balance at January 1, 2024 | $142 | $223,858 | $402,449 |
| Purchases, issuances, sales, and settlements: | | | |
| Purchases | — | 8,959 | 26,379 |
| Sales | — | -13,826 | -61,714 |
| Total realized losses | — | -6,724 | -11,074 |
| Total unrealized (losses) gains | -142 | -2,922 | 16,658 |
| Transfers in | — | 6,330 | — |
| Balance at December 31, 2024 | $0 | $215,675 | $372,698 |

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

## Note 4 - Fair Value Measurements (Continued)

***Quantitative Information about Level 3 Fair Value Measurements***

The following tables summarize the valuation methods and inputs used to determine fair value at December 31, 2025 and 2024 for assets and liabilities measured at fair value on a recurring basis using unobservable inputs:

| | Fair Value at December 31, 2025 | Valuation Technique | Significant Unobservable Inputs Used | Range of Inputs | Weighted Average of Inputs |
|---|---|---|---|---|---|
| Investments: | | | | | |
| Private equity | $32,059 | Combination (Market & Income approach) | Revenue | 0.8x - 6.8x | 3.8x |
| | | | EBITDA | 7.5x - 14.5x | 8.8x |
| | | | Capitalization rate | 5.3% - 9.0% | 6.0% |
| Real estate | 229,733 | Discounted cash flow | Discount rate | 6.8% - 10.3% | 7.4% |

The remaining amount of Level 3 investments as of December 31, 2025 totaling $182,837 were individually insignificant and utilize valuation techniques for which no observable inputs are disclosed generally reflect the use of third-party pricing services or dealers, and the range of unobservable inputs applied by these sources is not readily available or cannot be reasonably estimated.

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

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

***Investments in Entities that Calculate Net Asset Value per Share***

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

## Note 4 - Fair Value Measurements (Continued)

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

| | December 31, 2025 (GEHC MT) Fair Value | December 31, 2024 (GEHC MT) Fair Value | December 31, 2025 Unfunded Commitments | Redemption Frequency, if Eligible | Redemption Notice Period |
|---|---|---|---|---|---|
| Investments: | | | | | |
| Global equity | $1,590,704 | $1,514,338 | $34,523 | Daily - Annually | 15 - 30 days |
| Debt securities | 678,412 | 959,611 | 536,301 | Daily - Monthly | 5 - 15 days |
| Private equities and other investments | 2,365,648 | 2,069,786 | 300,132 | Non-redeemable | Non-redeemable |
| Real Estate | 494,373 | 543,598 | 127,162 | 10 years or more | N/A |
| Total | $5,129,137 | $5,087,333 | $998,118 | | |

## Note 5 - Plan Termination

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

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

## Note 6 - Tax Status

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

# Schedule of Delinquent Participant Contributions

**Form 5500, Schedule H, Line 4a**
**GE HealthCare Pension Plan**
**EIN 88-2515116, Plan No. 001**
**Year Ended December 31, 2025**

| | Participant Contributions Transferred Late to the Plan | Total that Constitutes Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|---|
| | Check Here if Late Participant Loan Repayments are Included: | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP |
| 2024 | [ ] | $0 | $171 | $0 | $0 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

# Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

**Number of Participants**

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | | | | | | | | | |
| 25-29 | | | | | | | | | | |
| 30-34 | | | | | | | | | | |
| 35-39 | | | | | | | | | | |
| 40-44 | | 3 | | | | | | | | |
| 45-49 | 1 | 9 | 2 | | | | | | | |
| 50-54 | 1 | 14 | 23 | 7 | | | | | | |
| 55-59 | | 15 | 24 | 31 | 5 | | | | | |
| 60-64 | | 10 | 15 | 11 | 22 | 1 | 1 | | | |
| 65-69 | | 1 | 2 | 3 | 3 | 2 | 1 | 1 | | |
| 70+ | | 1 | | 1 | 1 | | 1 | | | |

N-212

Schedule SB Attachment (Form 5500) —2025 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

# Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

| | |
|---|---|
| **Interest Rates for Minimum Funding Purposes** | Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.31% |
| 3rd Segment Rate | 5.50% |
| **Interest Rates for Maximum Tax Purposes** | Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization |
| 1st Segment Rate | 5.07% |
| 2nd Segment Rate | 5.33% |
| 3rd Segment Rate | 5.36% |
| **Cash Balance Interest Crediting Rate** | 3.75% |
| **Payment Form Conversion Interest Rate** | Same as funding interest rates above for lump sums |
| **Payment Form Conversion Mortality** | Current IRC section 417(e) table for lump sums |
| **Optional Payment Form Election Percentage** | |
| Cash Balance | 20% elect a single life annuity;<br>15% elect a 100% joint and survivor annuity; and<br>65% lump sum |
| Select and Health | 50% elect a single life annuity;<br>20% elect a 50% joint and survivor annuity; and<br>30% elect a 100% joint and survivor annuity |
| **Retirement Age** | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 65; see Table 2 for cash balance benefits. |
| **Mortality Rates** | |
| Healthy and Disabled | 2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii). |
| **Withdrawal Rates** | See Table 3 |
| **Disability Rates** | See Table 4 |

| | |
|---|---|
| **Decrement Timing** | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%) |
| **Surviving Spouse Benefit** | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses. |
| **Benefit Limits** | Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000. |
| **Valuation of Plan Assets** | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| **Expected Return on Assets** | |
| 2023 Plan Year | 7.00%, limited to 5.74% |
| 2024 Plan Year | 7.00%. limited to 5.59% |
| 2025 Plan Year | 7.00%, limited to 5.50% |
| **Trust Expenses Included in Target Normal Cost** | $8,350,000, based on last year's expenses, rounded to the nearest $10,000. |
| **Actuarial Method** | Standard unit credit cost method |
| **Valuation Date** | January 1, 2025 |

# Table 1

**Retirement Rates**

| Age | Rate |
|---|---|
| 55 | 4.00% |
| 56 | 4.00% |
| 57 | 8.00% |
| 58 | 10.00% |
| 59 | 15.00% |
| | |
| 60 | 20.00% |
| 61 | 20.00% |
| 62 | 20.00% |
| 63 | 25.00% |
| 64 | 20.00% |
| | |
| 65 | 40.00% |
| 66 | 30.00% |
| 67 | 30.00% |
| 68 | 40.00% |
| 69 | 40.00% |
| | |
| 70+ | 100.00% |

# Table 2

**Retirement Rates — Terminated Vested Cash Balance Participants**

| Age | Rate |
|---|---|
| 45 | 1.00% |
| 46 | 1.00% |
| 47 | 1.00% |
| 48 | 1.00% |
| 49 | 1.00% |
| | |
| 50 | 3.00% |
| 51 | 3.00% |
| 52 | 3.00% |
| 53 | 3.00% |
| 54 | 3.00% |
| | |
| 55 | 5.00% |
| 56 | 5.00% |
| 57 | 10.00% |
| 58 | 10.00% |
| 59 | 10.00% |
| | |
| 60 | 10.00% |
| 61 | 10.00% |
| 62 | 10.00% |
| 63 | 10.00% |
| 64 | 10.00% |
| | |
| 65 | 20.00% |
| 66 | 20.00% |
| 67 | 20.00% |
| 68 | 20.00% |
| 69 | 20.00% |
| | |
| 70+ | 100.00% |

# Table 3

**Withdrawal Rates**

| Age | Rate |
|---|---|
| 35 | 6.00% |
| 36 | 6.00% |
| 37 | 6.00% |
| 38 | 6.00% |
| 39 | 6.00% |
| | |
| 40 | 6.00% |
| 41 | 6.00% |
| 42 | 6.00% |
| 43 | 6.00% |
| 44 | 6.00% |
| | |
| 45 | 4.00% |
| 46 | 4.00% |
| 47 | 4.00% |
| 48 | 4.00% |
| 49 | 4.00% |
| | |
| 50 | 3.00% |
| 51 | 3.00% |
| 52 | 3.00% |
| 53 | 3.00% |
| 54 | 3.00% |
| | |
| 55 | 4.00% |

# Table 4

**Disability Rates**

| Age | Male | Female | Age | Male | Female |
|---|---|---|---|---|---|
| 15 | 0.285% | 0.428% | 45 | 0.405% | 0.608% |
| 16 | 0.285% | 0.428% | 46 | 0.430% | 0.645% |
| 17 | 0.285% | 0.428% | 47 | 0.460% | 0.690% |
| 18 | 0.285% | 0.428% | 48 | 0.494% | 0.741% |
| 19 | 0.285% | 0.428% | 49 | 0.532% | 0.798% |
| | | | | | |
| 20 | 0.286% | 0.429% | 50 | 0.574% | 0.861% |
| 21 | 0.287% | 0.431% | 51 | 0.623% | 0.935% |
| 22 | 0.288% | 0.432% | 52 | 0.676% | 1.014% |
| 23 | 0.284% | 0.426% | 53 | 0.735% | 1.103% |
| 24 | 0.280% | 0.420% | 54 | 0.798% | 1.197% |
| | | | | | |
| 25 | 0.278% | 0.417% | 55 | 0.868% | 1.302% |
| 26 | 0.277% | 0.416% | 56 | 0.946% | 1.419% |
| 27 | 0.276% | 0.414% | 57 | 1.035% | 1.553% |
| 28 | 0.275% | 0.413% | 58 | 1.135% | 1.703% |
| 29 | 0.275% | 0.413% | 59 | 1.245% | 1.868% |
| | | | | | |
| 30 | 0.275% | 0.413% | 60 | 1.363% | 2.045% |
| 31 | 0.276% | 0.414% | 61 | 1.491% | 2.237% |
| 32 | 0.278% | 0.417% | 62 | 1.628% | 2.442% |
| 33 | 0.281% | 0.422% | 63 | 1.778% | 2.667% |
| 34 | 0.284% | 0.426% | 64 | 1.938% | 2.907% |
| | | | | | |
| 35 | 0.288% | 0.432% | 65+ | 0.000% | 0.000% |
| 36 | 0.294% | 0.441% | | | |
| 37 | 0.300% | 0.450% | | | |
| 38 | 0.307% | 0.461% | | | |
| 39 | 0.314% | 0.471% | | | |
| | | | | | |
| 40 | 0.323% | 0.485% | | | |
| 41 | 0.334% | 0.501% | | | |
| 42 | 0.348% | 0.522% | | | |
| 43 | 0.365% | 0.548% | | | |
| 44 | 0.383% | 0.575% | | | |

# 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
GE HealthCare Legacy Affiliates Pension Plan

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GE HealthCare Technologies Inc.

**D** Employer Identification Number (EIN)
88-2515116

**E** Type of plan: [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** | 659,465,640 |
| **b** Actuarial value | **2b** | 679,422,771 |

**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 | 6,601 | 499,442,430 | 499,442,430 |
| **b** For terminated vested participants | 3,756 | 219,274,543 | 219,274,543 |
| **c** For active participants | 212 | 13,053,577 | 13,333,275 |
| **d** Total | 10,569 | 731,770,550 | 732,050,248 |

**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** | 5.34% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 8,350,000 |
| **c** Target normal cost | **6c** | 8,350,000 |

**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**

Dawn M. Ochoa DMO
Signature of actuary

08/15/2026
Date

Dawn M. Ochoa
Type or print name of actuary

2607557
Most recent enrollment number

Aon Consulting, Inc.
Firm name

847-295-5000
Telephone number (including area code)

MSC #17755, Aon
PO Box 551343
Atlanta GA 30355
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) | 63,984,297 | 68,256 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 13,127,807 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 50,856,490 | 68,256 |
| 10 | Interest on line 9 using prior year's actual return of 0.87% | 442,451 | 594 |
| 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 5.06% | | 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) | 51,298,941 | 68,850 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 85.79% |
| 15 | Adjusted funding target attainment percentage | 15 | 85.79% |
| 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 | 102.25% |
| 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 |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | 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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**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** | 62 |

**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** | 8,350,000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 103,995,268 | 10,016,442 |
| **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** | 18,366,442 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 18,366,442 | 0 | 18,366,442 |

| | | |
|---|---|---|
| **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

Schedule SB Attachment (Form 5500) —2025 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

# Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100 percent retirement age.

| (a) Age | (b) Retirement Probability | (c) Expected Retirements | (d) Product (a) × (b) × (c) |
|---|---|---|---|
| 55.5 | 4.00% | 1.0000 | 2.22 |
| 56.5 | 4.00% | 0.9600 | 2.17 |
| 57.5 | 8.00% | 0.9216 | 4.24 |
| 58.5 | 10.00% | 0.8479 | 4.96 |
| 59.5 | 15.00% | 0.7631 | 6.81 |
| 60.5 | 20.00% | 0.6486 | 7.85 |
| 61.5 | 20.00% | 0.5189 | 6.38 |
| 62.5 | 20.00% | 0.4151 | 5.19 |
| 63.5 | 25.00% | 0.3321 | 5.27 |
| 64.5 | 20.00% | 0.2491 | 3.21 |
| 65.5 | 40.00% | 0.1993 | 5.22 |
| 66.5 | 30.00% | 0.1196 | 2.39 |
| 67.5 | 30.00% | 0.0837 | 1.69 |
| 68.5 | 40.00% | 0.0586 | 1.61 |
| 69.5 | 40.00% | 0.0351 | 0.98 |
| 70 | 100.00% | 0.0211 | 1.48 |
| | | Weighted Average | 61.67 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

# 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 | 870,956 | 17,413,305 | 50,182,913 | 68,467,174 |
| 2026 | 849,580 | 12,929,566 | 48,855,609 | 62,634,755 |
| 2027 | 930,824 | 11,492,872 | 47,423,856 | 59,847,552 |
| 2028 | 935,227 | 12,474,409 | 45,943,581 | 59,353,217 |
| 2029 | 968,814 | 14,991,578 | 44,430,374 | 60,390,766 |
| 2030 | 1,007,584 | 16,669,082 | 42,904,200 | 60,580,866 |
| 2031 | 985,071 | 16,202,080 | 41,237,164 | 58,424,315 |
| 2032 | 981,125 | 15,776,276 | 39,511,911 | 56,269,312 |
| 2033 | 968,095 | 15,041,706 | 37,737,174 | 53,746,975 |
| 2034 | 966,161 | 15,087,510 | 35,917,041 | 51,970,712 |
| 2035 | 943,213 | 14,670,466 | 34,106,510 | 49,720,189 |
| 2036 | 924,705 | 14,939,223 | 32,301,643 | 48,165,571 |
| 2037 | 899,659 | 14,993,568 | 30,426,677 | 46,319,904 |
| 2038 | 883,489 | 14,835,783 | 28,500,913 | 44,220,185 |
| 2039 | 861,293 | 14,630,470 | 26,611,998 | 42,103,761 |
| 2040 | 835,561 | 14,483,627 | 24,759,379 | 40,078,567 |
| 2041 | 811,780 | 14,213,494 | 22,911,803 | 37,937,077 |
| 2042 | 783,406 | 13,883,794 | 21,079,856 | 35,747,056 |
| 2043 | 759,716 | 13,511,476 | 19,274,460 | 33,545,652 |
| 2044 | 732,392 | 13,101,301 | 17,506,929 | 31,340,622 |
| 2045 | 704,411 | 12,641,997 | 15,788,767 | 29,135,175 |
| 2046 | 674,235 | 12,146,159 | 14,131,351 | 26,951,745 |
| 2047 | 644,743 | 11,616,442 | 12,545,796 | 24,806,981 |
| 2048 | 613,409 | 11,072,356 | 11,042,786 | 22,728,551 |
| 2049 | 581,412 | 10,482,839 | 9,632,225 | 20,696,476 |
| 2050 | 548,038 | 9,883,169 | 8,322,774 | 18,753,981 |
| 2051 | 514,196 | 9,264,724 | 7,121,244 | 16,900,164 |
| 2052 | 479,843 | 8,647,364 | 6,032,228 | 15,159,435 |
| 2053 | 445,183 | 8,019,898 | 5,057,788 | 13,522,869 |
| 2054 | 410,505 | 7,392,153 | 4,197,350 | 12,000,008 |
| 2055 | 376,072 | 6,769,260 | 3,447,771 | 10,593,103 |
| 2056 | 342,166 | 6,156,559 | 2,803,561 | 9,302,286 |
| 2057 | 309,064 | 5,559,490 | 2,257,418 | 8,125,972 |
| 2058 | 277,039 | 4,983,342 | 1,800,673 | 7,061,054 |
| 2059 | 246,344 | 4,432,992 | 1,423,807 | 6,103,143 |
| 2060 | 217,209 | 3,912,704 | 1,116,950 | 5,246,863 |
| 2061 | 189,838 | 3,426,013 | 870,289 | 4,486,140 |
| 2062 | 164,393 | 2,975,634 | 674,458 | 3,814,485 |
| 2063 | 140,993 | 2,563,327 | 520,793 | 3,225,113 |
| 2064 | 119,718 | 2,189,901 | 401,514 | 2,711,133 |
| 2065 | 100,601 | 1,855,277 | 309,814 | 2,265,692 |
| 2066 | 83,635 | 1,558,570 | 239,903 | 1,882,108 |
| 2067 | 68,764 | 1,298,221 | 186,975 | 1,553,960 |
| 2068 | 55,899 | 1,072,125 | 147,117 | 1,275,141 |
| 2069 | 44,916 | 877,764 | 117,207 | 1,039,887 |

# Schedule SB Attachment (Form 5500) —2025 Plan Year
# GE HealthCare Legacy Affiliates Pension Plan
# EIN: 88-2515116 PN: 004

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2070 | 35,666 | 712,358 | 94,792 | 842,816 |
| 2071 | 27,984 | 573,000 | 77,975 | 678,959 |
| 2072 | 21,691 | 456,757 | 65,309 | 543,757 |
| 2073 | 16,606 | 360,756 | 55,707 | 433,069 |
| 2074 | 12,555 | 282,263 | 48,358 | 343,176 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

# Schedule SB, Part V — Summary of Plan Provisions

The Legacy Affiliates Pension Plan, formerly the Instrumentarium Cash Balance Plan ("Cash Balance Plan"), consists of three legacy plans that were merged effective December 31, 2023. At that time, the Retirement Plan for GE Businesses ("Select Plan") and Amersham Health Retirement Plan ("Health") plan merged into the Cash Balance Plan. Several prior plans were merged into the Cash Balance Plan previously, including:

- the Instrumentarium Retirement Plan ("IRP"), and
- the Spacelabs Medical, Inc. Retirement Plan ("SMRP")

Participants of the Select Plan include those from several plans were previously merged together, including:

- the GE Fleet Services' Retirement Plan for Selected GE Capital Companies,
- the Kidder, Peabody Retirement Plan for Salaried and Commissioned Employees,
- the Heller Financial, Inc. Retirement Plan,
- the Stewart and Stevenson Pension Plan.

## Former Instrumentarium Cash Balance Plan

| | |
|---|---|
| **Effective Date** | April 4, 1998 |
| **Employees Covered by the Plan** | Participants in the prior plan on April 3, 1998 joined this plan on April 4, 1998. All non-union employees entered the plan on the first day of such employment as a regular full-time employee. Effective January 1, 2003 there is a one year service requirement. |
| **Normal Retirement** | |
| Eligibility | Age 65 with five years of service. |
| Pay Credits | Effective January 1, 2005 there are no pay credits.<br>For participants on January 1, 2003:<br>● Employees who have less than 10 years of service will receive 6% of compensation allocated on a quarterly basis.<br>● Employees who have at least 10 years of service will receive 8% of compensation, allocated on a quarterly basis.<br>Effective January 1, 2003, the following is the pay credit schedule for former participants in the Spacelabs Medical Inc. Retirement Plan: |

| Calendar Year | Pay Credit |
|---|---|
| January 1, 2003 to December 31, 2005 | 4% |
| January 1, 2006 to December 31, 2008 | 5% |
| January 1, 2009 to December 31, 2011 | 6% |
| After January 1, 2012 | 8% |

Effective January 1, 2003, the following is the pay credit schedule for new participants:

| Participation Service | Pay Credit |
|---|---|
| 0 – 3 Years | 4% |
| 3 – 6 Years | 5% |
| 6 – 9 Years | 6% |
| 9+ Years | 8% |

| | |
|---|---|
| Interest Credits | The annual interest credit rate is determined as 0.5% plus the one-year Treasury constant maturity rate in effect on December 1 prior to each plan year.<br><br>For each quarter, the prior quarter's account balance is increased by ¼ of the annual interest credit rate. |
| Benefit | Account balance at normal retirement date converted to an annuity. |

**Early Retirement Benefits**

| | |
|---|---|
| Eligibility | Age 55 with 10 years of vesting service. |
| Benefit | Computed as for normal retirement. |

**Deferred Vested Retirement**

Eligibility — Participants vest according to the following schedule:

| Years of Vesting Service | Vested Percentage |
|---|---|
| 0 – 2 Years | 0.0% |
| 3 Years | 20.0% |
| 4 Years | 40.0% |
| 5 Years | 60.0% |
| 6 Years | 80.0% |
| 7 or More Years | 100.0% |

Benefit — Participant's vested account balance upon termination.

**Preretirement Death Benefit**

| | |
|---|---|
| Eligibility | All participants |
| Benefit | The account balance is automatically vested on the death of a participant.<br><br>If the beneficiary is not the participant's spouse, the beneficiary receives a lump sum equal to the account balance as of the end of the calendar quarter in which the participant's death occurs.<br><br>If the beneficiary is the participant's spouse, the beneficiary will receive an annuity. The beneficiary can elect to receive a lump sum equal to the account balance. |

**Definitions**

| | |
|---|---|
| Pay | Employees' annual calendar year compensation inclusive of base pay, commissions and bonuses, but shall exclude overtime pay. Compensation is determined prior to any reduction due to 401(k) or Flexible Spending Account salary reductions and is limited by IRC 401(a)(17). |
| Vesting Service | An employee shall accrue vesting service based on elapsed time as a participant in this plan. Vesting service will also include vesting service earned under the prior plan (with the BOC Group). |
| Standard Form of Payment | Married participants: Qualified joint and survivor annuity.<br>Non-married participants: Life annuity. |
| Optional Form of Payment | Option A: Contingent annuity.<br>Option B: Lump sum payment. |
| Annuity Conversion | Annuity amounts are determined under this plan based on the 30-year U.S. Treasury security for the month of November preceding the year of determination and the applicable mortality table published in Revenue Ruling 95-6 or other guidance from the IRS. |

## Special Provisions Applicable to Former Instrumentarium Retirement Plan Participants

| | |
|---|---|
| **Date of Merger** | Effective December 31, 1998, the Instrumentarium Retirement Plan ("IRP") merged into the former Instrumentarium Cash Balance Plan. Each participant of the IRP on December 31, 1998 became a participant of this plan. |
| **Opening Account Balance** | On December 31, 1998, each active participant who had an accrued benefit under the IRP was credited with an opening account balance equal to the value of the IRP accrued benefit. The value of the IRP accrued benefit was determined at December 31, 1998 based on an interest rate of 5.5% and the Unisex GAM 83 Mortality Table. |
| **Special Transition Credits** | At December 31, 1999, December 31, 2000, and December 31, 2001, a special transition credit equal to 10% of the value of the IRP accrued benefit (as determined on December 31, 1998) was credited to the account of an active participant who was a former IRP participant and was born prior to January 1, 1959. |
| **Special Vesting Provision** | Former IRP participants with at least three years of service at December 31, 1998 became fully vested after five year of service. |
| **Service Recognition** | Service while a participant of the IRP shall be counted under this plan. |
| **Grandfathered Provisions** | In no event shall any benefit or right earned as of December 31, 1998 under the IRP be eliminated or reduced. In addition, for any participants of the IRP on December 30, 1998, who at February 1, 1999 were at least 50 years of age and had at least 10 years of service, are considered grandfathered participants under this plan. The benefits payable to a grandfathered participant under this plan cannot be less than the benefits that would have been earned under the terms of the Instrumentarium Retirement Plan on December 31, 1998 taking into account all service under this plan. |

## Special Provisions Applicable to Spacelabs Medical, Inc Plan Participants

| | |
|---|---|
| **Date of Merger** | Effective December 31, 2002, the Spacelabs Medical, Inc. Retirement Plan ("SMRP") merged into the former Instrumentarium Cash Balance Plan. Each participant of the SMRP on December 31, 2002 became a participant of this plan. |
| **Opening Account Balance** | On December 31, 2002, each active participant who had an accrued benefit under the SMRP was credited with an opening account balance equal to the value of the SMRP accrued benefit. The value of the SMRP accrued benefit was determined at December 31, 2002 based on an interest rate of 5.5% and the Unisex GAR 94 Mortality Table. |
| **Special Transition Credits** | At December 31, 2002, December 31, 2003, and December 31, 2004, a special transition credit equal to 5% of the value of the SMRP accrued benefit (as determined on December 31, 2002) was credited to the account of an active participant who was a former SMRP participant and was born prior to January 1, 1963. |
| **Special Vesting Provision** | Former SMRP participants with at least three years of service at December 31, 2002 will become fully vested after five year of service. |
| **Service Recognition** | Service while a participant of the SMRP shall be counted under this plan. |
| **Grandfathered Provisions** | In no event shall any benefit or right earned as of December 31, 2002 under the SMRP be eliminated or reduced. In addition, for any participants of the SMRP on December 30, 2002, who at January 1, 2003 were at least 50 years of age and had at least 10 years of service, or at least 40 years of age and had at least 20 years of service, are considered grandfathered participants under this plan. The benefits payable to a grandfathered participant under this plan cannot be less than the benefits that would have been earned under the terms of the Spacelabs Medical, Inc. Retirement Plan on December 31, 2002 taking into account all service under this plan. |

## Former Amersham Health Retirement Plan

| | |
|---|---|
| **Plan Freeze** | Effective November 28, 2004, the plan was frozen and all future benefit accruals will be earned under the GE formula in the GE plan. As of the freeze date, all participants were fully vested in their accrued benefit based on service and pay up to the freeze date. |
| **Participation** | Employees of the company become participants after completing one year of service.<br><br>Former Tech/Ops employees with at least one year of service with Tech/Ops became participants on July 1, 1986. All new Tech/Ops employees become participants after completing one year of service. Service is credited only on service after July 1, 1986.<br><br>Former Hoffman-La Roche/Medi-Physics employees with at least one year of service with Hoffman-La Roche/Medi-Physics became participants on June 14, 1990. All new Medi-Physics employees become participants after completing one year of service.<br><br>Former United States Biochemical (USB) employees are considered employees of the company effective July 1, 1994 and will become participants after completing one year of service. Vesting service and credited service will be considered only on service after July 1, 1994.<br><br>Former BDS employees are considered employees of the company effective May 1, 1995 and will become participants after completing one year of service. Vesting service and credited service will be considered only on service after May 1, 1995.<br><br>Each Amersham participant and each Nycomed participant will be a participant in the plan on January 1, 1999. |

**Normal Retirement Benefit**

| | |
|---|---|
| Eligibility | Age 65 |
| Benefit | The monthly normal retirement benefit is the greater of (a), (b), (c), or (d) below:<br>(a) 1.25% of final average monthly compensation plus 0.4% of final average monthly compensation in excess of covered compensation, times service (maximum 35).<br>Prior Amersham<br>(b) 1.67% of final average monthly compensation as of December 31, 1998) times years of credited service as of December 31, 1998 (maximum 35).<br>(c) 2.00% of final average monthly compensation as of December 31, 1996 times years of credited service as of December 31, 1996 (maximum 30).<br>Amersham employees who are age 55 with 10 years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.<br>Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or in effect on December 31, 1998.<br>Prior Nycomed<br>(d) 52% of final earnings less 50% of Social Security benefit, prorated for service less than 30 years or projected service to age 65, if greater.<br>Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996. |

**Early Retirement Benefit**

| | |
|---|---|
| Eligibility | Participants who terminate employment after age 55 with five years of vesting service. |
| Benefit | The monthly benefit is computed as for normal retirement and reduced by 4/12% for each month by which payments precede age 62.<br><br>Amersham employees who are age 55 with 10 years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.<br><br>Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1998.<br><br>Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996. |

**Deferred Vested Retirement Benefits**

| | |
|---|---|
| Eligibility | Five years of vesting service. |
| Benefit | The monthly benefit is computed as for normal retirement; payments may begin as early as age 55 with the benefit reduced by 5/12% for each month in which payments precede age 65. |

**Automatic Preretirement Surviving Spouse Benefit**

| | |
|---|---|
| Eligibility | Five years of vesting service. |
| Benefit | One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity. |

**Normal Form of Benefit**

For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity.

Participants who terminated employment prior to January 1, 2016 with a deferred vested benefit were offered a one-time lump sum payment during a window in 2016. The payment forms offered to participants were a one-time lump sum, an immediate annuity, or continued deferral.

**Definitions**

| | |
|---|---|
| Monthly Compensation | Compensation including overtime, bonuses and commissions but excluding moving expenses, severance allowances, and perquisite pay, subject to the 401(a)(17) limits. |
| Final Average Monthly Compensation | The average of the participant's compensation for the 60 consecutive complete calendar months for which compensation is highest during the 120-calendar month period immediately preceding the participant's termination date. If a participant does not have 60 full consecutive months of employment, his final average monthly compensation during the period he was an employee by the number of months thereof. |
| Final Earnings | The participant's highest average annual regular earnings earned in any three consecutive years of service within the 10-year period immediately preceding his severance from group date, his severance from employer date (but only if he incurs a severance from employer date as a result of ceasing to be a salaried employee and if he thereafter remains an employee with the Hafslund Control Group) or his annuity starting date, whichever is earliest. If the participant does not have at least three consecutive years of service within the 10 year period immediately preceding the applicable date, "Final Earnings" shall mean the participant's average annual regular earnings earned during whatever number of consecutive years of service he completes within the 10-year period. |
| Credited Service | Service for the accrual of benefits. One year of service is credited for each plan year in which the employee completes 1,000 hours of service. If, in the plan year of termination, the employee completes less than 1,000 hours of service, 1/12 of a year will be credited for each month in which the employee is credited with 90 hours of service. |

| | |
|---|---|
| | For former Tech/Ops employees, credited service begins at the later of July 1, 1986 or date of hire.<br><br>For Medi-Physics employees, service is credited back to date of hire, provided the employee works 541 hours for Amersham in 1990 after June 13, 1990, or earns a year of credited service in any plan year after 1990.<br><br>For former USB employees, credited service begins at the later of July 1, 1994 or date of hire.<br><br>For former BDS employees, credited service begins at the later of May 1, 1995 or date of hire. |
| Vesting Service | Service credited to an employee for purposes of determining a participant's vested percentage in and eligibility to receive payment of his accrued benefit under the plan. One year of vesting service is credited for each plan year in which the employee completes 1,000 hours of service. |

## Former Retirement Plan for Select GE Businesses

| | |
|---|---|
| **Effective Date** | January 1, 1977. The former Retirement Plan for Select GE Businesses merged into the Kidder, Peabody Retirement Plan for Salaried and Commissioned Employees on December 31, 2001. |
| **Participants** | All nonunion employees of GE Capital Fleet Services and certain affiliated companies who are not active participants of another qualified pension plan sponsored by the company, following the completion of one year of service and the attainment of age 21. |
| **Normal Retirement** | |
| Eligibility | Age 65 |
| Monthly Benefit | One-twelfth of the following: 1.00% of final average earnings plus 0.60% of average earnings in excess of the annual breakpoint, times credited service up to 30 years.<br><br>The benefit shall not be less than $4.00 a month for each year of credited service (maximum 30).<br><br>The accrued benefit under the plan's benefit formula for GE Capital Fleet Services is calculated taking into account service and compensation through December 31, 2010. The "breakpoint" also is frozen as of December 31, 2010.<br><br>There are no future accruals and the accrued benefits are frozen for all groups as of December 31, 2011. |
| Commencement | At termination of employment. |
| **Postponed Retirement** | |
| Eligibility | After attaining age 65. |
| Monthly Benefit | The greater of the amount determined as for normal retirement based on final average earnings, monthly breakpoint, and credited service at the time of termination of employment, or the actuarial equivalent of the normal retirement benefit as if retired at age 65. |
| Commencement | At termination of employment. |

## Former Fleet Participants

**Early Retirement**

| | |
|---|---|
| Eligibility | Age 55 |
| Monthly Benefit | The amount determined as for normal retirement based on final average earnings, monthly breakpoint, and credited service at the time of termination of employment, reduced by 0.555% for each of the first 60 months and 0.278% for each of the next 60 months by which commencement precedes age 65. |
| Commencement | Between termination of employment and age 65. |

**Deferred Vested Retirement**

| | |
|---|---|
| Eligibility | Before attaining eligibility for early or normal retirement. |
| Monthly Benefit | The amount determined as for early retirement. |
| Commencement | Between age 55 and age 65 (reduced the same as for early retirement. |

**Preretirement Death Benefit**

Married Participants

| | |
|---|---|
| Eligibility | After being married for at least one year and before receiving any benefits under the plan. |
| Monthly Benefit | 50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to earliest retirement age (if not already eligible for retirement), and then begun to receive a 50% joint and survivor annuity. |
| Commencement | At the later of the date of death or the date the employee would have first been eligible for early retirement. |

Unmarried Participants

| | |
|---|---|
| Eligibility | Age 55 |
| Benefit | A lump sum equal to the actuarial equivalent of 40% of the accrued benefit. |
| Commencement | At the date of death. |

| | |
|---|---|
| **Disability Benefit** | |
| Eligibility | After total disability. |
| Benefit | Normal retirement benefit using annual earnings equal to the pay rate for the year preceding the year in which total disability occurs and service projected to normal retirement date. |
| Commencement | Age 65 |
| **Automatic Form of Annuity** | |
| Unmarried Employees | Life annuity |
| Married Employees | 50% joint and survivor annuity. |
| **Optional Form of Annuity** | 5-year certain and life annuity; 10-year certain and life annuity; 75% joint and survivor annuity; 100% joint and survivor annuity. |
| **Definitions** | |
| Actuarial Equivalent | A benefit of equivalent value based on the “Applicable Mortality Table” as defined by the Internal Revenue Service under Code section 417(e)(3) as in effect on the first day of the Plan Year, and the “Applicable Interest Rate”. The “Applicable Interest Rate” shall mean the interest rate promulgated by the Internal Revenue Service under Code section 417(e)(3) for the second calendar month preceding the first day of the Plan Year in which a distribution occurs. |
| Annual Earnings | Calendar year earnings including salary, section 401(k) and section 125 deferrals, bonuses, overtime, and commissions, as defined in the plan document. |
| Final Average Earnings | The average of the highest five consecutive calendar years of annual earnings during the 10-year period ending on the earlier of the participant’s termination date or retirement date excluding the last partial year of earnings. |
| Monthly Breakpoint | $1,400 multiplied by the ratio of (a) the Social Security maximum taxable wage base in the year the benefit is determined to (b) $48,000. |
| Credited Service | After January 1, 1992, a plan year with 1,000 hours. |
| Plan Year | Calendar year |

## Former Kidder Participants

| | |
|---|---|
| **Effective Date** | January 1, 1954. Merged with GE Fleet Services' Retirement Plan for Selected GE Capital Companies on December 31, 2001. |
| **Participants** | Former employees of Kidder, Peabody Inc. |
| **Normal Retirement** | |
| Eligibility | Age 65 and five years of vesting service. |
| Monthly Benefit | Greater of final average formula benefit or prior plan accrued benefit. The prior plan accrued benefit is only applicable to members on or before December 31, 1979. Accrued benefits were frozen as of December 31, 1995. |
| **Postponed Retirement** | |
| Eligibility | After normal retirement. Formerly required annual company approval after age 70. |
| Monthly Benefit | Accrued benefit to date of postponed retirement. |
| **Early Retirement** | |
| Eligibility | For retirements between January 1 and July 1, 1988, attainment of age 55 and five years of vesting service; after June 30, 1988, age 55 and 10 years. |
| Monthly Benefit | Accrued benefit to date of early retirement. Benefit is reduced for each year which pension commencement precedes age 65. The reduction factor is 10% for each of the first three years and 5% for each of the next seven years. |
| **Deferred Vested Retirement** | |
| Eligibility | For terminations on or after January 1, 1989 and before October 1, 1994, five years of vesting service.<br>For terminations on or after October 1, 1994, all members are 100% vested. |
| Monthly Benefit | Accrued benefit to date of termination of employment. Benefit for early commencement, if eligible, reduced the same as for early retirement. |

**Preretirement Death Benefit**

Married Participants

| | |
|---|---|
| Eligibility | Attainment of vested status (active or terminated). |
| Monthly Benefit | 50% of the accrued pension benefit to date of death reduced as if employee survived to earliest retirement age (if not already eligible for retirement), and then began to receive a 50% joint and survivor annuity. |

**Automatic Form of Annuity**

| | |
|---|---|
| Unmarried Employees | Life annuity |
| Married Employees | 50% joint and survivor annuity. |
| Optional Form of Annuity | 100% joint and survivor annuity. |

## Former Heller Participants

| | |
|---|---|
| **Effective Date** | Established December 15, 1941. Merged into the Retirement Plan for Select GE Businesses on December 31, 2002. |
| **Participants** | Former employees of Heller Financial, Inc. who were participants prior to May 31, 2002. |
| **Normal Retirement** | |
| Eligibility | Age 65 |
| Monthly Benefit | Greater of final average benefit or benefit accrued under pre-1989 plan with updates. Accrued benefit frozen as of May 31, 2002. |
| Commencement | At termination of employment. |
| **Postponed Retirement** | |
| Eligibility | After attaining age 65. |
| Monthly Benefit | The greater of the amount determined as for normal retirement based on average earnings, monthly breakpoint, and credited service at the time of termination of employment, or the actuarial equivalent of the normal retirement benefit as if retired at age 65. |
| Commencement | At termination of employment. |
| **Early Retirement** | |
| Eligibility | After attaining age 55 and completing 15 years of vesting service. |
| Monthly Benefit | The amount determined as for normal retirement at the time of termination of employment, reduced by 1/15th for each of the first five years and by 1/30th for each of the next five years that payments begin early. If the participant retires after age 60 with 15 years of vesting service, the amount of his pension shall be reduced by only 3% for each year that payments begin early. |
| Commencement | Between termination of employment and age 65. |

**Deferred Vested Retirement**

| | |
|---|---|
| Eligibility | After completing five years of vesting service but before attaining eligibility for early or normal retirement. |
| Monthly Benefit | The amount determined as for normal retirement. With 15 years of vesting service, participants may begin payments on the first of any month following age 55 equal to the amount payable if retired early. |
| Commencement | Between age 55 and age 65 (reduced the same as for early retirement) if 15 years of vesting service, else age 65. |

**Preretirement Death Benefit**

| | |
|---|---|
| Eligibility | After being married for at least one year, after becoming vested, and before receiving any benefits under the plan. If there is no eligible spouse, the benefit will be paid to the participant's children, if any. |
| Monthly Benefit | If the participant dies after attaining age 50 or completing 20 years of vesting service, an unreduced benefit of 50% of the accrued benefit at the time of death is payable immediately. If eligible spouse is more than five years younger than the participant, the benefit payable is reduced to the actuarial equivalent of the benefit payable to a spouse exactly five years younger.<br><br>If the participant dies before age 50 and completion of 20 years of vesting service, the benefit equals 50% of the accrued benefit payable at the earliest age the participant could have commenced a pension, reduced for early retirement and for the 50% joint and survivor option. |
| Commencement | If age 50 and five years of service or 20 years of vesting service, the date of death. Otherwise, the later of the date of death or the date the employee would have first been eligible for retirement. |
| **Automatic Form of Annuity** | For unmarried employees: Life annuity.<br><br>For married employees: The actuarial equivalent 50% joint and survivor annuity. |

| | |
|---|---|
| **Optional Form of Annuity** | 10-year certain and life annuity; 75% joint and survivor annuity; 100% joint and survivor annuity, 5-year certain annuity, 10-year certain annuity, 15-year certain annuity.<br><br>Participants hired prior to January 1, 1993 and eligible for normal or early retirement (including deferred vested participants who have reached early retirement age) or a disability pension may elect a lump sum option. |

## Former Stewart and Stevenson Participants

| | |
|---|---|
| **Participants** | Former Stewart and Stevenson employees as listed in the appendix to the Retirement Plan for Select GE Businesses. |
| **Normal Retirement** | |
| Eligibility | Age 65 and five years of participation. |
| Monthly Benefit | Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses. |
| Commencement | At termination of employment. |
| **Postponed Retirement** | |
| Eligibility | After normal retirement. |
| Monthly Benefit | Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses. |
| **Early Retirement** | |
| Eligibility | After attaining 10 years of vesting service and Rule of 70. |
| Monthly Benefit | Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses reduced by 1/180 for the first 60 months before age 65 and 1/360 for the next 60 months. Benefit is actuarially reduced for each additional month thereafter. |
| **Deferred Vested Retirement** | |
| Eligibility | After completing five years of vesting service. |
| Monthly Benefit | Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses. If eligible, benefit at early commencement reduced the same as for early retirement. |
| **Preretirement Death Benefit** | |
| Married Participants | |
| Eligibility | Attainment of vested status. |
| Monthly Benefit | 50% of the amount that would have been payable if the employee survived to earliest retirement age (if not already eligible for retirement), and then began to receive a 50% joint and survivor annuity. |
| Commencement | At the later of the date of death or the date the employee would have first been eligible for early retirement. |

| | |
|---|---|
| **Automatic Form of Annuity** | |
| Unmarried Employees | Life annuity |
| Married Employees | 50% joint and survivor annuity. |
| Large Amount Lump Sums | If present value of participant's accrued benefit is not in excess of $10,000, such benefit is paid as a lump sum. |
| **Optional Form of Annuity** | 5-year certain and life annuity; 10-year certain and life annuity; 66⅔% joint and survivor annuity; 75% joint and survivor annuity; 100% joint and survivor annuity. |

## Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- An update to the mortality and interest rates for determining lump sum payments under section IRC 417e(3) to the applicable rates for the current year.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB

Schedule SB Attachment (Form 5500) —2025 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

# Schedule SB, line 32 — Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| Shortfall | $ 33,546,925 | January 1, 2023 | 13 | $ 3,447,807 |
| Shortfall | $ 70,448,343 | January 1, 2025 | 15 | $ 6,568,635 |

Schedule SB Attachment (Form 5500) —2025 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

# Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the percent married assumption for the legacy Health plan from 90 percent male and 50 percent female participants are married to 80 percent married.

This change was made to better reflect the anticipated plan experience. This change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.