Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GE HEALTHCARE PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2023

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

500 WEST MONROE STREET
CHICAGO, IL 60661

2b Employer Identification Number (EIN)
88-2515116

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

2d Business code (see instructions)
339110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	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 WEST MONROE STREET
CHICAGO, IL 60661

3b Administrator's EIN: 88-2515116

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

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	93650
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)**	5008
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4538
b	Retired or separated participants receiving benefits	**6b**	52126
c	Other retired or separated participants entitled to future benefits	**6c**	22134
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	78798
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9535
f	Total. Add lines **6d** and **6e**.	**6f**	88333
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 3H 1I

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 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
88-2515116

E Type of plan: [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**	13740529459
b Actuarial value	**2b**	14082923042

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	62138	10951514341	10951514341
b For terminated vested participants	27778	2946188238	2946188238
c For active participants	5008	1583938502	1628270635
d Total	94924	15481641081	15525973214

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

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

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	82500000
c Target normal cost	**6c**	82500000

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

09/28/2026
Date

COLIN SLOVENKAY, F.S.A, E.A
Type or print name of actuary

26-08143
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	961834718
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	343485918
9	Amount remaining (line 7 minus line 8)	0	618348800
10	Interest on line 9 using prior year's actual return of 0.88 %	0	5466649
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 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	623815449

Part III Funding Percentages

14	Funding target attainment percentage	14	86.68 %
15	Adjusted funding target attainment percentage	15	86.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.80 %
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
02/01/2025	0	171337			
			Totals ► 18(b)	0	18(c) 171337

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**	64

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**	82500000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2066865621	215181903
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**	297681903

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	297681903	297681903

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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
GE HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
88-2515116

Part I Service Provider Information (see instructions)

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

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

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

FIDELITY MANAGEMENT TRUST

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	ADMIN	3664451	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	871220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK AND TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	326844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	228432	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GENERAL ELECTRIC COMPANY

14-0689340

(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?
14 15	NONE	195514	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FAEGRE DRINKER BIDDLE & REATH LLC

41-0244008

(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	NONE	99122	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)

PLANTE & MORAN, LLC

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	20350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

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 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
88-2515116

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

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

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

c EIN-PN	**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	13898373565

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 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
88-2515116

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	90308000	90072767
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	13650221310	13898373565
(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	13740529310	13988446332
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	20350
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	20350
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	13740529310	13988425982

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)	171337	
(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)		171337
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)		1454977341
(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		1455148678
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1124346261	
(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)		1124346261
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	3880315	
(4) IQPA audit fees	2i(4)	228432	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	326844	
(7) Actuarial fees	2i(7)	871220	
(8) Legal fees	2i(8)	99122	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	77499812	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		82905745
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1207252006
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		247896672
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		171337
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 593143.

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 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
88-2515116

Part I Distributions

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

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

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

EIN(s): 88-2667837

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 3037

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: 21.7 % Private Equity: 11.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 49.9 %
High-Yield Debt: 5.4 % Real Assets: 5.3 % Cash or Cash Equivalents: 1.3 % Other: 5.3 %

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

Financial Report
(000s omitted)
December 31, 2025

GE HealthCare Defined Benefit Plans

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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 RIP - Pri-2012 amounts-weighted aggregates rates with blue collar adjustment projected generationally by the MP-2021 improvement scale modified to converge to the 2021 proxy with customization LAPP - Pri-2012 amounts-weighted aggregates rates projected generationally by the MP-2021 improvement scale with customization
Average retirement age	HCPP - Ranging from 60 to 70 RIP - Ranging from 55 to 70 LAPP - Ranging from 55 to 70

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

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

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

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	2	31	96	11	0	0	0	0	0	140
	-	-	190,031	167,542	-	-	-	-	-	-	171,067
40-44	2	3	46	201	150	24	0	0	0	0	426
	-	-	195,276	177,065	167,880	135,963	-	-	-	-	173,608
45-49	5	20	57	286	354	132	2	0	0	0	856
	-	183,534	168,425	179,437	170,494	145,587	-	-	-	-	169,722
50-54	6	21	57	271	424	248	20	2	0	0	1,049
	-	199,916	195,330	173,359	176,081	155,888	168,592	-	-	-	172,180
55-59	8	14	48	239	436	368	81	72	34	0	1,300
	-	-	180,279	169,133	172,669	156,329	175,902	165,999	151,286	-	167,053
60-64	4	10	38	153	274	293	58	59	48	18	955
	-	-	184,928	161,603	155,198	144,466	185,122	174,852	164,506	-	158,021
65-69	0	1	10	44	64	78	19	10	26	19	271
	-	-	-	162,429	150,165	142,631	-	-	160,762	-	152,196
70 & over	0	0	0	1	4	2	0	2	0	2	11
	-	-	-	-	-	-	-	-	-	-	-
Total	25	71	287	1,291	1,717	1,145	180	145	108	39	5,008
	192,454	192,291	185,289	172,314	168,867	150,605	175,994	166,726	159,443	141,765	166,751

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

Plan Name: GE HealthCare Pension Plan
EIN / PN: 88-2515116/001
Plan Sponsor: GE HealthCare Technologies Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from $79,000,000 for the prior valuation to $82,500,000 for the current valuation to account for higher expected expenses to be paid from the trust.

Plan Name:	GE HealthCare Pension Plan
EIN / PN:	88-2515116/001
Plan Sponsor:	GE HealthCare Technologies Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor	GE HealthCare Technologies Inc.
EIN/PN	88-2515116/001

Economic Assumptions

Interest rate basis

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

Interest rates

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

Future Increases in Social Security

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

Future Increases in Maximum Benefits and Plan Compensation Limitations

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

Administrative Expenses

The amount included for administrative expenses is $82,500,000, which includes an estimate of the 2025 PBGC variable rate premium. The estimate is based on expectations of expenses for PBGC premiums, actuarial fees and costs associated with the delivery of benefits during 2025.

SCHEDULE SB ATTACHMENTS

Other Economic Assumptions

PPA Interest Credits for 2025	5.10%
PPA Interest Credits for 2026 & later	5.25%
VPA Interest Credits for 2025	5.10%
VPA Interest Credits for 2026 & later	5.50%
Interest Credits on Pre-1989 Employee Contributions	5.00%

PPA Conversion Basis: 6.25% and the mortality table specified in IRS Notice 2023-73.

Demographic Assumptions

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or Rehired Employees

It was assumed that there will be no new or rehired employees.

Mortality

For healthy participants: Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS-adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

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

SCHEDULE SB ATTACHMENTS

Retirement

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

a. Legacy Participants

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

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

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

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

b. New Plan Participants

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

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

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

SCHEDULE SB ATTACHMENTS

Disability Rates

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

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

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

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not Due to Disability, Retirement or Mortality

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

i. Ultimate Rates – Pension Qualification Service less than 25 years

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

ii. Ultimate Rates – Pension Qualification Service of 25 years or more

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

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

Unpredictable Contingent Event Benefits

The Funding Target includes $0 of additional liability for anticipated early retirements under the SERO plan provisions available for eligible retirements based on the information available as of the valuation date.

Spouse Assumptions

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

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

SCHEDULE SB ATTACHMENTS

PPA/VPA Forms of Payment

The assumptions for PPA/VPA form of payment election are outlined below. For an active or terminated vested participant assumed to elect an annuity form of payment, the annuity is assumed to be paid based on the normal form of payment and the spouse assumption noted above. The PPA/VPA Form of Payment election is based on an experience study conducted in late 2004, and modified based on another experience study conducted in December 2011, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Active Participants

Decrement Type	Age at Decrement	PPA/VPA Form of Payment % Electing
Retirement	All	30% Immediate Lump Sum
		70% Immediate Annuity
Termination (not under long-service security decrement)	<50	15% Immediate Lump Sum
		19.125% Deferred to Age 60 Lump Sum
		6.375% Deferred to Age 62 Lump Sum
		44.625% Deferred to Age 60 Annuity
		14.875% Deferred to Age 62 Annuity
	50-54	15% Immediate Lump Sum
		10% Immediate Annuity
		16.875% Deferred to Age 60 Lump Sum
		5.625% Deferred to Age 62 Lump Sum
		39.375% Deferred to Age 60 Annuity
		13.125% Deferred to Age 62 Annuity
	55-59	30% Immediate Lump Sum
		30% Immediate Annuity
		9% Deferred to Age 60 Lump Sum
		3% Deferred to Age 62 Lump Sum
		21% Deferred to Age 60 Annuity
		7% Deferred to Age 62 Annuity
Termination (under long-service security decrement)	<50	15% Immediate Lump Sum
		25.5% Deferred to Age 55 Lump Sum
		59.5% Deferred to Age 55 Annuity
	50-54	15% Immediate Lump Sum
		10% Immediate Annuity
		22.5% Deferred to Age 55 Lump Sum
		52.5% Deferred to Age 55 Annuity
	55-59	30% Immediate Lump Sum
		70% Immediate Annuity
Disability	All	100% Immediate Lump Sum
In-Service Mortality	All	100% Immediate Lump Sum

SCHEDULE SB ATTACHMENTS

PPA/VPA Forms of Payment (continued)

Terminated Vested Participants with Unannuitized PPA/VPA Account Balance

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

Retirees with Unannuitized PPA/VPA Account Balance

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

Methods

Valuation Date

First day of the plan year.

Funding Target

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

Target Normal Cost

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

Actuarial value of assets – Asset Method

Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year). Permitted adjustments are made to the number of averaged values until the plan has sufficient experience to average adjusted asset values on the valuation date and the dates 12 and 24 months before the valuation date.

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

Participant Data

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

Plan Name:	GE HealthCare Pension Plan
EIN / PN:	88-2515116/001
Plan Sponsor:	GE HealthCare Technologies Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2025 is used to determine the maximum deductible contribution for the tax year ending December 31, 2025.

Benefits not Included in Valuation

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

Sources of Data and Other Information

GE Precision Healthcare LLC furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

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 Pension Plan

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
88-2515116

E Type of plan: [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**	13,740,529,459
b Actuarial value	**2b**	14,082,923,042

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	62,138	10,951,514,341	10,951,514,341
b For terminated vested participants	27,778	2,946,188,238	2,946,188,238
c For active participants	5,008	1,583,938,502	1,628,270,635
d Total	94,924	15,481,641,081	15,525,973,214

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

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

5 Effective interest rate	**5**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	82,500,000
c Target normal cost	**6c**	82,500,000

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

CS
Signature of actuary

9/28/26
Date

Colin Slovenkay, F.S.A, E.A
Type or print name of actuary

2608143
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	961,834,718
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	343,485,918
9	Amount remaining (line 7 minus line 8)	0	618,348,800
10	Interest on line 9 using prior year's actual return of 0.88 %	0	5,466,649
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 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	623,815,449

Part III Funding Percentages

14	Funding target attainment percentage	14	86.68 %
15	Adjusted funding target attainment percentage	15	86.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.80 %
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
02/01/2025		171,337			
		Totals ► 18(b)	0	18(c)	171,337

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

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**	64

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**	82,500,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,066,865,621	215,181,903
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**	297,681,903

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	297,681,903	297,681,903

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 ATTACHMENTS

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

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

Plan Name:	GE HealthCare Pension Plan
EIN / PN:	88-2515116/001
Plan Sponsor:	GE HealthCare Technologies Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

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

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	2	31	96	11	0	0	0	0	0	140
	-	-	190,031	167,542	-	-	-	-	-	-	171,067
40-44	2	3	46	201	150	24	0	0	0	0	426
	-	-	195,276	177,065	167,880	135,963	-	-	-	-	173,608
45-49	5	20	57	286	354	132	2	0	0	0	856
	-	183,534	168,425	179,437	170,494	145,587	-	-	-	-	169,722
50-54	6	21	57	271	424	248	20	2	0	0	1,049
	-	199,916	195,330	173,359	176,081	155,888	168,592	-	-	-	172,180
55-59	8	14	48	239	436	368	81	72	34	0	1,300
	-	-	180,279	169,133	172,669	156,329	175,902	165,999	151,286	-	167,053
60-64	4	10	38	153	274	293	58	59	48	18	955
	-	-	184,928	161,603	155,198	144,466	185,122	174,852	164,506	-	158,021
65-69	0	1	10	44	64	78	19	10	26	19	271
	-	-	-	162,429	150,165	142,631	-	-	160,762	-	152,196
70 & over	0	0	0	1	4	2	0	2	0	2	11
	-	-	-	-	-	-	-	-	-	-	-
Total	25	71	287	1,291	1,717	1,145	180	145	108	39	5,008
	192,454	192,291	185,289	172,314	168,867	150,605	175,994	166,726	159,443	141,765	166,751

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

Plan Name: GE HealthCare Pension Plan
EIN / PN: 88-2515116/001
Plan Sponsor: GE HealthCare Technologies Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	20,360,566	78,646,281	1,056,682,345	1,155,689,192
2026	37,371,321	74,473,134	1,032,613,589	1,144,458,044
2027	52,354,359	96,247,567	1,001,695,370	1,150,297,296
2028	65,626,527	117,506,555	970,126,460	1,153,259,542
2029	76,916,472	137,181,903	938,053,737	1,152,152,112
2030	86,432,793	154,508,749	906,754,759	1,147,696,301
2031	95,026,242	169,031,731	876,111,461	1,140,169,434
2032	102,352,542	182,593,915	844,811,062	1,129,757,519
2033	108,804,210	194,256,518	812,925,342	1,115,986,070
2034	114,537,349	203,842,986	780,343,808	1,098,724,143
2035	119,308,692	212,804,312	747,137,506	1,079,250,510
2036	123,721,215	221,093,865	713,186,613	1,058,001,693
2037	127,703,122	227,354,903	678,405,962	1,033,463,987
2038	131,039,693	232,493,608	643,058,276	1,006,591,577
2039	133,864,464	236,519,727	607,232,919	977,617,110
2040	135,861,041	238,854,177	571,029,944	945,745,162
2041	136,969,033	239,725,990	534,623,276	911,318,299
2042	137,293,090	239,681,679	498,192,691	875,167,460
2043	136,640,164	238,702,719	461,894,420	837,237,303
2044	135,644,057	236,267,927	425,918,676	797,830,660
2045	133,766,789	233,581,309	390,466,931	757,815,029
2046	131,713,284	229,708,019	355,743,964	717,165,267
2047	128,951,803	225,560,850	321,958,429	676,471,082
2048	125,779,428	220,526,067	289,318,050	635,623,545
2049	122,133,836	214,663,396	258,025,909	594,823,141
2050	118,056,202	208,351,763	228,274,102	554,682,067
2051	113,627,419	201,435,885	200,237,785	515,301,089
2052	108,879,272	194,105,818	174,069,325	477,054,415
2053	103,882,150	186,341,043	149,893,521	440,116,714
2054	98,695,247	178,162,738	127,803,445	404,661,430

Plan Name: GE HealthCare Pension Plan
EIN / PN: 88-2515116/001
Plan Sponsor: GE HealthCare Technologies Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	93,304,108	169,590,274	107,855,207	370,749,589
2056	87,800,388	160,652,377	90,063,374	338,516,139
2057	82,203,588	151,394,148	74,398,967	307,996,703
2058	76,583,756	141,874,902	60,791,327	279,249,985
2059	70,976,925	132,170,949	49,132,101	252,279,975
2060	65,439,844	122,370,891	39,281,071	227,091,806
2061	60,017,883	112,571,984	31,074,378	203,664,245
2062	54,751,649	102,875,336	24,333,004	181,959,989
2063	49,677,917	93,380,613	18,871,886	161,930,416
2064	44,827,360	84,181,063	14,508,324	143,516,747
2065	40,224,013	75,359,656	11,068,228	126,651,897
2066	35,886,007	66,986,663	8,390,852	111,263,522
2067	31,825,567	59,118,297	6,332,139	97,276,003
2068	28,050,440	51,795,976	4,766,464	84,612,880
2069	24,563,415	45,046,453	3,587,201	73,197,069
2070	21,363,649	38,882,958	2,706,112	62,952,719
2071	18,448,284	33,306,010	2,051,930	53,806,224
2072	15,810,200	28,305,365	1,568,396	45,683,961
2073	13,440,641	23,861,855	1,211,908	38,514,404
2074	11,330,251	19,948,955	949,275	32,228,481

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

1. Effective Date:

   a. Plan - April 12, 1912

   b. Latest Amendment[1] - January 1, 2023

2. Eligibility for Participation:

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

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

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

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

or

v. In any special classifications that are not eligible, as determined by GE HealthCare

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

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

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

SCHEDULE SB ATTACHMENTS

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

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

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3. Retirement Eligibility Dates:

   a. Normal - First day of month following age 65

   b. Early - First day of month following age 60

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

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

- they are at least age 55 and less than age 60 with at least 25 years of Pension Qualification Service (PQS) on the date of the permanent job loss event

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

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

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

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

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

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

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

4. Retirement Benefits:

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

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

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

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

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

iv. 1.2% of first $9,000 of employee's compensation earned in each calendar year from January 1, 1980 to December 31, 1982, plus 2.2% of remaining compensation.

v. 1.3% of first $12,000 of employee's compensation earned in each calendar year from January 1, 1983 to December 31, 1985, plus 2.4% of remaining compensation.

vi. 1.3% of first $14,000 of employee's compensation earned in each calendar year from January 1, 1986 to December 31, 1988, plus 2.4% of remaining compensation.

vii. 1.45% of employee's compensation earned in each calendar year from January 1, 1989 to December 31, 1990, up to Social Security Covered Compensation for each such year, plus 1.90% of remaining compensation (1.45% of all compensation earned in each calendar year after Pension Benefit Service (PBS) as of January 1 exceeds 34 years).

viii. 1.45% of employee's compensation earned in each calendar year after December 31, 1990, up to Plan Covered Compensation, plus 1.90% of remaining compensation. (Through 2000, 1.45% of all compensation earned in each calendar year after PBS as of January 1 exceeds 34 years). Plan Covered Compensation is defined to be:

(1) Social Security Covered Compensation for 1991,

(2) $18,000 for 1992,

(3) Social Security Covered Compensation less $3,192 for 1993 and 1994,

(4) Social Security Covered Compensation less $4,500 for 1995, 1996 and 1997,

(5) $26,000 for 1998, 1999 and 2000,

(6) $30,000 for 2001, 2002 and 2003, and

(7) $35,000 for 2004, 2005, 2006, and 2007, and

(8) $40,000 for 2008, 2009, 2010, and 2011, and

(9) $45,000 for 2012, 2013, 2014, and 2015, and

(10) $50,000 for 2016, 2017, 2018, and 2019, and

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

Covered Compensation is determined each year based on the covered compensation for someone age 65 in the year. If an employee works beyond age 65, that

employee's Plan Covered Compensation for all years after age 65 is frozen at the level in effect at age 65.

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

i. Effective September 30, 1963, an additional benefit of 15% of the pension earned from September 1, 1946 through December 31, 1950.

ii. Effective January 1, 1967, an additional benefit of 0.30% of average compensation during 1955, 1956, and 1957 (minimum of $12) times full years of credited service as of December 31, 1956.

iii. Effective January 1, 1971, an additional benefit of 0.15% of average compensation during 1959, 1960, and 1961 (minimum of $5) times full years of credited service as of December 31, 1960.

iv. Effective January 1, 1975, an additional benefit of 0.10% of average compensation during 1964, 1965, and 1966 (minimum of $5) times full years of credited service from September 1, 1946 to December 31, 1965.

v. Effective January 1, 1980, for employees with at least 1 year of PBS on December 31, 1972, an additional benefit equal to 0.04% of average compensation during 1971, 1972 and 1973 (minimum of $3) times full years of PBS as of December 31, 1977.

vi. Effective January 1, 1983, additional benefit of $50 plus 25% of the future service annuity credited from August 15, 1955 through December 31, 1982.

vii. Effective January 1, 1986, for employees with at least 5 years of PQS, the future service annuity as of December 31, 1985 (including all updates as of December 31, 1985) shall be increased, if larger than the current benefit, to a. plus b.:

a. $100 plus 1.6% of average compensation from 1981 through 1985 in excess of $15,000 times years of PBS from January 1, 1966 through December 31, 1985.

b. $80 plus 1.28% of average compensation from 1981 through 1985 in excess of $15,000 times years of PBS from January 1, 1952 through December 31, 1965.

viii. Effective December 1, 1988, for employees with at least 5 years of PQS, the future service annuity as of December 31, 1987 (including all updates as of December 31, 1987) shall not be less than 0.95% of

average compensation from 1983 through 1987 up to $25,000, plus 1.5% of remaining average compensation, times PBS through December 31, 1987.

ix. Effective December 1, 1991, for employees with at least 5 years of PQS, the future service annuity as of December 31, 1990 (including all updates as of December 31, 1990) shall not be less than 0.90% of average compensation from 1988 through 1990 up to $25,000, plus 1.5% of remaining average compensation, times PBS through December 31, 1990, up to a maximum of 35 years.

x. Effective July 1, 1994, for employees who are active on July 1, 1994, or former employees who terminated in June 1994 and are on the pension payroll on July 1, 1994, provided the employee has more than 35 years of PBS on December 31, 1990, the future service annuity shall be adjusted by applying the formula in 4.a.(2)ix. for PBS in excess of 35 years.

xi. Effective December 1, 1994, for employees with at least 5 years of PQS, the future service annuity as of December 31, 1993 (including all updates through December 31, 1993 and 4.a.(2)x.) shall not be less than:

a. 0.90% of average compensation from 1991 through 1993 up to $25,000 plus 1.5% of remaining average compensation, times PBS as of December 31, 1988, plus

b. 0.75% of average compensation from 1991 through 1993 up to $25,000 plus 1.35% of remaining average compensation, times PBS from January 1, 1989 through December 31, 1993.

xii. Effective December 1, 1997, for employees with at least 25 years of PQS or who are at least age 55 with at least 20 years of PQS as of December 31, 1996:

a. <u>For Exempt Salaried Participants</u>:

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

only, the conversion basis for the PPA annuity is 4.5% interest and UP-1984 mortality.
The increase in regular pension for those eligible for an update is subject to a minimum of $250.

b. For Nonexempt Salaried and Hourly Participants:

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

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

a. 1.0% of average compensation up to $36,000 times PBS as of December 31, 1999, plus

b. 1.4% of average compensation in excess of $36,000 times PBS as of December 31, 1999.

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

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

xiv. Effective December 1, 2003, for employees actively participating on July 1, 2003, if the employee has at least 25 years of PQS or is at least age 55 with at least 20 years of PQS as of December 31, 2002, the future service annuity as of December 31, 2002 (including all updates through December 31, 2002 and 4.a.(2)xiii.) shall not be less than:

a. 0.75% of average compensation up to $30,000 times PBS as of December 31, 2002, plus

b. 1.45% of average compensation in excess of $30,000 times PBS as of December 31, 2002.

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

calendar years of the six year period 1997 through 2002 that produces the highest average.

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

a. 0.80% of average compensation up to $37,500 times PBS as of December 31, 2006, plus

b. 1.45% of average compensation in excess of $37,500 times PBS as of December 31, 2006.

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

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

a. 0.85% of average compensation up to $45,000 times PBS as of December 31, 2010, plus

b. 1.45% of average compensation in excess of $45,000 times PBS as of December 31, 2010.

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

xvii. Effective November 1, 2015, for employees actively participating on July 1, 2015, if an hourly or non-exempt salaried employee has at least 25 years of PQS or is at least age 55 with at least 20 years of PQS as of December 31, 2014 or an exempt salaried employee is at least 55 with at least 20 years of PQS as of December 31, 2014, the future service annuity as of December 31,

2014 (including all updates through December 31, 2014 and 4.a.(2).xvi.) shall not be less than:

a. 0.90% of average compensation up to $55,000 times PBS as of December 31, 2014, plus

b. 1.40% of average compensation in excess of $55,000 times PBS as of December 31, 2014.

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

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

a. 0.80% of average compensation up to $65,000 times PBS as of December 31, 2018 plus

b. 1.35% of average compensation in excess of $65,000 times PBS as of December 31, 2018.

For purposes of applying the above formula set forth in 4.a.(2)xviii., average compensation shall mean the average compensation during the three consecutive calendar years of the six-year period 2013 through 2018 that produces the highest average.

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(3) Past Service Annuity - Formula based on service prior to September 1, 1946, and subsequent updates to the past service annuity.

(4) Guaranteed Pension - Eligible employees shall receive an additional pension, if any, which would be necessary to provide the minimum guaranteed pension described below.

i. If Average Annual Compensation is $38,000 or less, minimum guaranteed pension payable per year of PBS is $37.00 per month.

ii. For each full $1,000 by which Average Annual Compensation exceeds $37,001, the minimum guaranteed pension payable per year of PBS is increased by $1.00 per month, up to a maximum benefit unit of $89.00 for Average Annual Compensation exceeding $89,000.

iii. Effective December 1, 1997, for participants with at least 25 years of PQS or who are at least age 55 with at least 20 years of PQS as of December 31, 1996, the guaranteed minimum pension shall be increased by the following:

a. For Exempt Salaried Participants: $250.

b. For Nonexempt Salaried and Hourly Participants: 0.03% of average compensation from 1994 through 1996 times PBS through December 31, 1996.

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

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

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

b. Early -

(1) Legacy Participants

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

i. For employees with at least 5 years of PQS, a supplement of $23.00 per month per year of PBS is payable up to the age at which the participant is eligible for 80% of his Social Security benefits. This extension of supplements beyond age 62 only applies for eligible retirements after July 1, 2019. This supplement is also payable to those who retire under SERO or PCPO; those who retire under the long-service security provisions may not receive this supplement before age 60.

ii. If an employee with 25 years of PQS retires after July 1, 2019 in accordance with special eligibility rules, he receives an additional $375 monthly supplement from retirement until the age at which he is eligible for 80% of his Social Security benefits. This supplement is also payable to those who retire under SERO or PCPO; it does not apply for those who retire under the long-service security provisions.

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

(2) New Plan Participants	Reduced pension payable as early as age 60, with a reduction applicable to the benefit as determined in 4.a. above (other than 4.a.(5)) equal to 5/12% for each month the participant's early retirement date precedes his normal retirement date. This reduction will not be imposed, however, if the participant terminates from service on or after (a) attainment of at least age 62 and (b) completion of at least 25 years of PQS. If eligible for APO, pension payable (as determined in 4.a.(1) through 4.a.(4) above) as early as age 55, reduced 25% plus 7.5% (for annuity starting dates on and after December 1, 2019, 5.0%) per year for the first two years and 5.0% (for annuity starting dates on and after December 1, 2019, 2.5%) per year for the next three years that payments begin prior to age 60, plus, 100% of benefits in 4.a.(5) above. New Plan Participants are not eligible for supplements, SERO, PCPO, or Voluntary Windows.
c. Deferred -	Determined as in 4.a. above.
d. Disability -	
(1) Legacy Participants	Eligible disabled employees may receive a benefit determined as in 4.a.(1) through 4.a.(5) above, plus certain temporary supplements under certain conditions.
(2) New Plan Participants	Eligible disabled employees may receive a benefit determined as in 4.a.(1) through 4.a.(4) above, reduced for commencement prior to age 60 by 25%, plus 100% of benefit in 4.a.(5) above. New Plan Participants are not eligible for supplements.
5. Employee Contributions:	
a. Personal Pension Account (PPA) -	Required contributions of 3% of compensation in excess of contribution breakpoint per year (contribution breakpoint: $25,000 for 1989 through 1997; $30,000 for 1998 through 2000; $37,500 for 2001 through 2003; $50,000 for 2004 through 2005; $60,000 for 2006 through 2007; $70,000 for 2008 through 2011; $80,000 for 2012 through 2015; and $100,000 starting in 2016); provides PPA benefit in 4.a.(5). Interest is credited on the PPA based on a rate that is determined at the beginning of each year. The rate up to December 31, 2000, was based on the lesser of the average of the annual 10-year constant maturity yield on U.S. Treasury Securities for the preceding three years and the rate specified in section 411(c) of the Internal Revenue Code (i.e., 120% of the Federal Midterm Rate in effect on January 1). On and after January 1, 2001, interest is credited on the PPA at 120% of the Federal Midterm Rate in effect on January 1.

	b. Voluntary Pension Account (VPA) -	Voluntary contributions of 3% of compensation up to contribution breakpoint (contribution breakpoint: $25,000 for 1991 through 1997; $30,000 for 1998 through 2000; $37,500 for 2001 through 2003; $50,000 for 2004 through 2005; $60,000 for 2006 through 2007; $70,000 for 2008 through 2011; $80,000 for 2012 through 2015; and $100,000 starting in 2016); provides VPA benefit in 4.a.(5). Interest is credited on the VPA based on a rate that is determined at the beginning of each year. The rate is the greater of the average of the annual 10-year constant maturity yield on U.S. Treasury Securities for the preceding three years and the rate specified in section 411(c) of the Internal Revenue Code (i.e., 120% of the Federal Midterm Rate in effect on January 1).
	c. Employee Contributions Prior to 1989 -	Required contributions; provides part of benefit in 4.a.(1).
6.	Termination Benefits:	Annual benefit determined as in 4.a. payable at retirement at or after age 60 if employee has five years of PQS at termination. For New Plan Participants, benefit is reduced 5/12% for each month the participant's early retirement date precedes his normal retirement date [Note: unreduced retirement at 62/25 is not available to deferred vested]. Before retirement, a vested terminated employee may withdraw his pre-1989 contributions plus interest plus his Personal Pension Account (regular and voluntary) and retain his right to the Company provided portion of his vested benefit. Alternatively, vested terminated employee may elect to withdraw his Personal Pension Account (regular and voluntary) and leave his pre-1989 contributions plus interest in the plan and retain his right to his vested benefit that is not attributable to PPA or VPA contributions. Employees are vested in their contributions to the Plan. Eligible terminated participants could elect to receive their entire benefit as a lump sum or as monthly payments ahead of the normal payment schedule during a window period beginning August 2017 and ending in October 2017. Participants were eligible for the window if they: • terminated employment prior to January 1, 2017 (and have not been rehired) • are vested in their company-provided benefit • have a remaining benefit valued at $50,000 or less, and • are not otherwise in an excluded category Eligible terminated participants could elect to receive their entire benefit as a lump sum or as monthly payments ahead of the normal payment schedule during a window

period beginning in October 2019 and ending in November 2019. Participants were eligible for the window if they:

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

7. Death Benefits:

a. Before Retirement -

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

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

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(1) Legacy Participants

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

(2) New Plan Participants

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

b. After Retirement -

(1) Single Employees - Basic form of benefit is payable for life with a 5-year minimum.

(2) Married Employees -

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

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

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

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

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

i. Five-year certain and life annuity; or

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

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

8. Definitions:

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

b. Average Annual Compensation - For purposes of determining the guaranteed pension benefit in 4.a.(4) above, average annual compensation is the average of compensation in the three full consecutive calendar years that are the highest during the last 10 completed calendar years before the employee's retirement. The calendar year of termination is not included unless termination date is December 31.

c.	PQS -	Service for purposes of determining eligibility for pension benefits. For a full-time employee, one year of PQS is credited for each year in which the employee is credited with at least 1,000 hours of service while a participant in the GE HealthCare Pension Plan.
d.	PBS -	Service for purposes of determining the amount of an employee's benefit. In simplified terms, it is equivalent to the employee's full and partial years of service while participating in the GE HealthCare Pension Plan.
e.	New Plan Participant -	Generally, a participant hired after 2004 and before 2011 who is: a) an exempt employee, b) a non-exempt employee who is not in a Manufacture-Store-Deliver-Service (MSDS) position, or c) certain other employees, to the extent elected by a Company participating in the GE HealthCare Pension Plan.
f.	Legacy Participant -	A participant who is not defined as a New Plan Participant, to whom the plan changes effective on January 1, 2005 do not apply.

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

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

10. Limitations:

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

11. Plan Summary:

This description of the Plan is provided for general information purposes only. It summarizes key features of the Plan as it applies to active employees on January 1, 2025. The complete terms of the Plan are provided in the GE HealthCare Pension Plan document, which is controlling to the extent of any conflict with this Plan Summary. Information concerning the Plan, including benefits and vesting provisions, is also included in Plan handbooks.

12. Changes in Plan Provisions Since Prior Valuation:

None

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1,2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	(206,682,865)	15.00000	(206,682,865)	(19,271,201)
2. Shortfall	01/01/2024	(165,045,378)	14.00000	(153,767,256)	(15,015,879)
3. Shortfall	01/01/2023	2,724,034,148	13.00000	2,427,315,742	249,468,983
Total				2,066,865,621	215,181,903

Plan Name: GE HealthCare Pension Plan
EIN / PN: 88-2515116/001
Plan Sponsor: GE HealthCare Technologies Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from $79,000,000 for the prior valuation to $82,500,000 for the current valuation to account for higher expected expenses to be paid from the trust.

Plan Name:	GE HealthCare Pension Plan
EIN / PN:	88-2515116/001
Plan Sponsor:	GE HealthCare Technologies Inc.
Valuation Date:	January 1, 2025