

## Wellness Incentive Program Notification

The Wellness Incentive Program (the “Program”) is a voluntary wellness program made available by Signature Aviation to team members enrolled in U.S. medical plans sponsored by the Company. The Program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Program you will be given an opportunity to do the following voluntary activities –

Complete a biometric screening through your own physician or healthcare provider, which measures height, weight, body mass index, blood pressure, pulse and waist circumference, and includes a blood test that measures total cholesterol, HDL, HDL/total cholesterol ratio, LDL, triglycerides and glucose, and submit the results of the screening to the Program;

You are not required to complete any of these activities. However, if you chose to do so and you enroll in the Signature Aviation medical plan, you will receive a credit of \$18.46 minus taxes per pay period. You are not required to do any of these activities, but only those team members who do so will receive this credit.

If you are unable to participate in any of these activities on account of a disability, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard. For work-site accommodations, please contact your local HR Representative or the Signature Aviation Benefits Team at 407-648-7200 or email [benefits@signatureaviation.com](mailto:benefits@signatureaviation.com).

The information from your biometric screening is kept confidential by Actuarial Consulting Services, Inc. (ACS), the vendor managing our Wellness Incentive Program, and will not be disclosed to Signature Aviation. You also are encouraged to share your results or concerns with your own physician or healthcare provider.

### Protections from Disclosure of Medical Information

The Program is required by law to maintain the privacy and security of your personally identifiable health information. Actuarial Consulting Services, Inc. (ACS) will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are Actuarial Consulting Services, Inc. (ACS), the service providers that administer the Program.

All medical information obtained through the Program will be maintained separate from your personnel records, and no information you provide as part of the Program will be used in making any employment decision. In addition, all medical information, including any medical information that is stored electronically, will be protected in accordance with all applicable federal and state privacy laws, including the HIPAA privacy and security rules. Although no one can prevent all cyber-attacks, ACS has an information security program consisting of people, process and technology, including encryption and monitoring tools designed to protect electronic information. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the Program, Signature Aviation will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your local HR Representative.