

2025

IMPORTANT NOTICES

Section	Page
Notice of Privacy Practices.....	1
Medicare Part D Certificate of Creditable Coverage.....	8
Women’s Health and Cancer Rights Act.....	9
HIPAA Special Enrollment Rights.....	9
Health Insurance Marketplace Coverage Options.....	10
Children’s Health Insurance Program (CHIP) Notice.....	13
Family Medical Leave Act General Notice.....	15

Effective Date: JANUARY 1, 2025

**NOTICE OF PRIVACY PRACTICES FOR
POWELL INDUSTRIES, INC. WELFARE BENEFIT PLAN PARTICIPANTS AND
THEIR COVERED SPOUSES AND DEPENDENTS**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As used in this notice, the term “Plan” refers to the Powell Industries, Inc. Welfare Benefit Plan, the term “Company” refers to Powell Industries, Inc. (and those of its affiliates, if any, who have employees covered by the Plan), the term “Participant” refers to an individual who is or was a Participant in the Plan and thereby entitled to health benefits under the Plan and the term “Potential Participant” refers to an individual who may at sometime become a Participant but who is not yet a Participant. If you have any questions about this notice, please contact the Contact Person of the Plan. The Plan’s Contact Person can be reached as follows:

Julie Spears
Global Benefits Director
Powell Industries, Inc.
8550 Mosley Rd.
Houston, TX 77075
713-944-6900

WHY WE ARE PROVIDING THIS NOTICE.

The Company sponsors the Plan for the benefit of certain of its employees, certain of their family members and their designated domestic partners. As a necessary part of the operation and administration of the Plan, the Company’s employees and entities such as claims administrators, COBRA vendors and case management companies (and their employees, agents and representatives) (the “Business Associates”) may have access to individually identifiable health information of Participants and Potential Participants which is protected under applicable federal law (such information is sometimes referred to as “PHI”). Federal law (i.e., the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)) requires that access to PHI be limited and that individuals and entities having access to PHI be restricted in their use and disclosure of PHI. The purpose of this notice is to provide you with information regarding your PHI privacy rights and certain special protections for genetic information.

WHO WILL FOLLOW THIS NOTICE

The privacy practices described in this notice will be followed by the Plan and its fiduciaries (i.e., the people who operate the plan, such as the Company’s Benefits and Compensation Committee), the Plan’s Business Associates and, to the extent they are involved in the operation and administration of the Plan or its sponsorship, by the Company, its employees and agents.

GENERAL RULES REGARDING HEALTH INFORMATION:

Information about you and your health is personal. The Plan is committed to protecting health information about you which is obtained in connection with the operation and administration of the Plan. This notice will tell you about the ways in which the Plan may use and disclose health information about you to someone other

than yourself (or your legal representative). It also describes your rights regarding and certain obligations the Plan has regarding the use and disclosure of health information.

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the Plan's privacy practices notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that the Plan uses and may disclose PHI. For each category of uses or disclosures this notice will explain what it means and, in some cases, try to give some examples. Not every use or disclosure in a category will be listed. In addition, many of the uses and disclosures may be performed on the Plan's behalf by Business Associates, the Company and its employees or agents. However, all of the ways the Plan is permitted to use and disclose PHI will fall within one of the categories and in most cases the amount of health information used or disclosed will be limited to the minimum necessary amount (determined under a standard defined in HIPAA).

- **For Treatment.** The Plan may receive, use and disclose health information about you to provide you with or help you to obtain health treatment (i.e., providing, coordinating or managing your health care) or services. For example, the Plan may request and receive from a doctor who is treating you, information about the health condition for which you are seeking treatment in order to determine if the treatment you are seeking (for instance, cosmetic surgery) is not covered by the Plan. As another example, the Plan may request a doctor who is recommending that you obtain treatment from a specialist for health information regarding your condition to determine if the specialist referral is for ordinary and necessary medical treatment that is covered by the Plan.
- **For Payment.** The Plan may receive, use and disclose health information about you so that the bills for health treatment and services you have received may be paid by a Plan. For example, the Plan may need to have information about a surgery which you have received provided to the Plan to determine if the charges for such surgery exceed the reasonable and customary charges for such surgery to determine what portion of such charges should be paid by the Plan. The Plan might also need to receive information about a health condition which you have in order to preauthorize a given health procedure for that condition where such approval is required in advance of your obtaining that procedure in order to qualify for any payment by the Plan for the procedure or for payment by the Plan at a more favorable reimbursement rate for procedure. Similarly, the Plan may receive use and disclose health information to fiduciaries of the Plan in order to provide them with information necessary to process an appeal that you file with respect to a claim for Plan benefits which has been modified or denied. Other payment activities of the Plan with respect to which the Plan may use and disclose health information about you include claims management, risk adjustment, reinsurance, collection and other "behind the scenes" Plan functions.
- **For Health Care Operations.** The Plan may receive, use and disclose health information about you for purposes of the Plan's operations such as underwriting (except as prohibited with respect to the use and disclosure of genetic information), premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, for legal or auditing functions or for

general management and administrative activities. For instance, the Plan may request from any insurer currently funding or providing medical benefits under the Plan information relating to your and other Plan Participants' health procedures and treatments over a prior period in order to provide other insurers with information to make knowledgeable bids to insure benefits under the Plan for future periods. Also, the Plan might use information about your Plan claims to review the effectiveness of wellness programs or cost containment measures.

- **Plan Sponsor Information Request.** The Plan may disclose to the Company at the request of the Company summary health information (i.e., information that summarizes the claims history, claims expenses or type of claims experienced by Participants under the Plan) for the purpose of obtaining premium bids for providing health insurance coverage under the Plan or modifying, amending or terminating the Plan. For example, the Company may request summary health information about Plan Participants' claims over a given period to determine ways in which the Plan design may be changed in the future to reduce the costs of providing the Plan. The Plan may also disclose to the Company information on whether a person is participating in the Plan or is enrolled in or has disenrolled from a health insurance or health maintenance organization offered by the Plan. The Company can only be provided other health information regarding Plan Participants for use by persons identified in the Plan documents, such as the employees in the Company's Benefits Department, and for the purpose or purposes described in the Plan document, such as specific plan administration activities, and only if the Plan documents restrict use and disclosure of such information by the Company and establish adequate separation between the Plan and the Company with respect to the use and disclosure of PHI. In addition, the Plan must provide that it will disclose PHI to the Company only upon receipt of a certification from the Company that the Plan documents have been amended to incorporate these restrictive provisions and that the Company agrees to comply with such restrictions. A summary of such restrictive provisions may also be obtained at any time, without charge, from the Plan's Contact Person.
- **Disclosure to You.** The Plan may disclose your medical information to you.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you advise the Plan otherwise by completing the attached Disclosure Objection Form and returning a copy of such completed form to the Plan's Contact Person, the Plan will be entitled to disclose protected health information that is relevant to your health care treatment under the Plan or payment for such treatment as follows: if you are married, to your spouse; if you have a domestic partner which you have designated as such under the Company's domestic partner benefit policy, to your domestic partner; and if you are covered by the Plan as a child (regardless of whether you have obtained the age of legal majority), to either of your parents (which may include a stepparent). The Plan will have the right to make such disclosures for as long as you are covered by the Plan (including coverage following reenrollment should you for any reason discontinue your Plan coverage and thereafter reenroll in the Plan) or have claims pending with the Plan following the termination of your coverage. However, you may file a Disclosure Objection Form at any time if you want the Plan to cease making family member or domestic partner disclosures as described above. Your Disclosure Objection Form should be returned to the Plan's Contact Person at the address noted on the first page of this notice.
- **Disclosures to Business Associates.** The Plan may disclose your medical information to a Business Associate and the Business Associate will be required to appropriately safeguard your medical information and use or disclose it only for permitted purposes.
- **To Notify of a Data Breach.** In the unlikely event that there is an unauthorized acquisition, access, use, or disclosure of your medical information that compromises the security or privacy of this information, the Plan is generally required to provide you written notice concerning this data breach no later than 60

days from the date the breach was discovered. For this purpose, security or privacy is generally considered compromised when the unauthorized acquisition, access, use, or disclosure of the medical information poses a significant risk of financial, reputational or other harm to you.

- **Marketing.** The Plan may use or disclose your medical information for purposes of marketing products or services if the particular marketing activity either occurs face-to-face with you or involves giving you an inexpensive item that promotes the Plan.
- **Limited Data Set.** The Plan may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.
- **Pursuant to Your Authorization.** Other uses and disclosures of health information not covered by this notice or the laws that apply to the Plan will be made only with your written permission. If you provide the Plan permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures already made with your permission, and that the Plan is required to retain its records regarding your protected health information which the Plan has obtained.
- **As Required By Law.** The Plan may disclose PHI about a Participant when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** The Plan may use and disclose PHI about a Participant when necessary to prevent a serious health and safety threat.
- **Specialized Governmental Functions.** The Plan may disclose PHI about a Participant as required by military command authorities (including appropriate foreign military authority in the case of foreign military personnel). The Plan may also release PHI about a Participant in connection with: national security and intelligence activities and protective services for governmental officials.
- **Workers' Compensation.** The Plan may disclose PHI about a Participant for workers' compensation or similar programs.
- **Lawsuits and Disputes.** Subject to a number of protective requirements and restrictions, the Plan may disclose PHI about a Participant in response to (i) a court or administrative order and (ii) a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement.** The Plan may disclose PHI about a Participant if asked to do so by a law enforcement official for law enforcement purposes or in response to certain court orders or in the course of judicial or administrative proceedings.
- **Inmates.** If a Participant is an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose PHI about the Participant to the correctional institution or law enforcement officials to: provide the Participant with health care; protect the Participant's health and safety or the health and safety of others; or protect the safety and security of the correctional institution.
- **Public Health Activities.** The Plan may disclose PHI about a Participant to persons who may be at risk of contacting or spreading a disease or condition, to public health authorities to prevent or control

disease or to report child abuse or neglect and to the Federal Food and Drug Administration with respect to adverse events or product defects.

- **Victims of Abuse, Neglect or Domestic Violence.** The Plan may disclose PHI about a Participant to governmental authorities authorized by law to receive reports of abuse, neglect or domestic violence as required by law or if the Participant agrees or the Plan believes the disclosure is necessary to prevent serious harm.
- **Decedents.** The Plan may disclose PHI about a Participant to a coroner or medical examiner to identify a deceased or determine the cause of death and to funeral directors to carry out their duties.
- **Organ, Eye or Tissue Donations.** The Plan may disclose PHI about a Participant to organ procurement organizations or other entities to facilitate organ, eye or tissue donations and transplantations.
- **Research Purposes.** The Plan may disclose PHI about a Participant subject to special rules and restrictions under HIPAA to facilitate medical research.
- **Health Oversight Activities.** The Plan may disclose PHI about a Participant for activities authorized by law for oversight of the health care system, government benefit programs and compliance with regulatory programs or civil rights laws.
- **Department of Health and Human Services.** The Plan may disclose PHI about a Participant to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rules.
- **Incidental Uses and Disclosures.** Uses and disclosures that occur incidentally with a use or disclosure described above in this notice may occur, as long as the Plan has implemented and followed reasonable safeguards to limit such uses and disclosures.

Special Protections For Genetic Information. In accordance with the Genetic Information Nondiscrimination Act of 2008, the Plan is not permitted to use or disclose your genetic information for underwriting purposes, which generally includes (1) determining your eligibility for benefits under the Plan, (2) computing the premium amounts for Plan coverage, (3) applying any pre-existing condition exclusion under the Plan, and (4) other activities related to the creation, renewal, or replacement of health benefits. In general, and subject to certain exceptions, your genetic information includes genetic tests of you and your family members (up to the fourth degree of kinship), family medical histories, and genetic counseling and education.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information the Plan has about you:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of all health information that the Plan has about you. Usually, this includes health and billing records, but according to the HIPAA privacy rules does not include psychotherapy notes. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Plan's Contact Person. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request. The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may file a complaint with the Plan's Contact Person or the Secretary of Health and Human Services.

If the Plan maintains an electronic health record containing your medical information, you have the right to request that a copy of this medical information be sent in an electronic format to you or to a clearly designated third party. An “electronic health record” is an electronic record of health-related information that is created, gathered, managed, and consulted by authorized health care clinicians and staff. The Plan may charge a reasonable fee for sending the electronic copy of your medical information.

- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Plan’s Contact Person. In addition, you must provide a reason that supports your request. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend information that: was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by or for the Plan; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures made by the Plan of health information about you for reasons other than treatment, payment or health care operations or pursuant to your authorization. To request this list or accounting of disclosures, you must submit your request in writing to the Plan’s Contact Person. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. If the Plan agrees, it will comply with your request unless the information is needed to provide you emergency treatment or required by law until you or the Plan cancels the limitation. To request restrictions, you must make your request in writing to the Plan’s Contact Person. In your request, you must tell the Plan (1) what information you want to limit; (2) whether you want to limit its use, disclosure or both; and (3) to whom you want the limits to apply.

The Plan is generally not required to agree to your request for restrictions. However, except as otherwise required by law, a covered entity (such as the Plan or a health care provider) must agree to certain requested restrictions if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment) and relates solely to a health care item or service for which the health care provider has been paid out of pocket in full. For example, this means that a doctor or other health care provider generally must agree to your request to not send medical information to the Plan in certain circumstances if the medical information concerns an item or service for which you have paid the provider out of pocket in full.

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you

can ask that the Plan only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Plan's Contact Person. The Plan will not ask you the reason for your request. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Copy of This Notice.** You may ask us to give you a copy of this notice at any time. If you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain an electronic copy of this notice at the following website: [Required Notices | Powell Benefits \(powell-benefits.com\)](http://Required Notices | Powell Benefits (powell-benefits.com))

CHANGES TO THIS NOTICE

The Plan reserves the right to change this notice. The Plan reserves the right to make the revised or changed notice effective for health information the Plan already has about you as well as any information it receives in the future. The Plan will post a copy of the current notice in the Company's Benefits Office and at the website set forth in the above paragraph. The effective date of notice will be written on the notice's first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Contact Person or with the Secretary of the Department of Health and Human Services. A complaint filed with the Plan's Contact Person must be submitted in writing and must comply with the Plan's privacy right complaint procedures. A copy of such procedures can be obtained from the Plan's Contact Person without charge upon written request.

You will not be penalized for filing a complaint.

You may contact Department of Health and Human Services by telephone at 1-800-368-1019, by electronic mail at ocrprivacy@hhs.gov, or by regular mail addressed to:

Director, Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

HEALTH PROVIDERS AND YOUR HEALTH INFORMATION.

Health providers (such as doctors, medical clinics, health maintenance organizations, hospitals, etc.) may also use and disclose health information about you. You also have rights regarding the health information which they obtain and have about you. You should consult the notices of privacy practices which you receive from health care providers for information regarding how and under what circumstances they may use and release your health information and what rights you have with respect to their practices regarding your health information.

MISCELLANEOUS

The Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you, subject to limits imposed by law.

Required Notices

Important Notice from Powell Industries, Inc. About Your Prescription Drug Coverage and Medicare under the BCBSTX Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Powell Industries, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Powell Industries, Inc. has determined that the prescription drug coverage offered by the BCBSTX plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Powell Industries, Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Powell Industries, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Powell Industries, Inc. changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit www.medicare.gov
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2025
Name of Entity/Sender:	Powell Industries, Inc.
Contact—Position/Office:	Human Resources
Address:	8550 Mosley Road Houston, TX 77075
Phone Number:	855-855-7610

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 855-855-7610.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 855-855-7610.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 855-855-7610.



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name A. Powell Industries, Inc. B. Powell Electrical Systems, Inc.		4. Employer Identification Number (EIN) A: 88-0106100 B: 74-1245849	
5. Employer address 8550 Mosley Drive		6. Employer phone number 855-855-7610	
7. City Houston	8. State TX	9. ZIP code 77075	
10. Who can we contact about employee health coverage at this job? Powell Benefits Department			
11. Phone number (if different from above)		12. Email address PowellBenefits@Powellind.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Eligible employees are those U.S. employees who are regularly scheduled to work at least 20 hours a week.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

- Your Legal Spouse
- Your dependent children up to age 26 or who are unable to support themselves because of mental or physical disability, including: foster children, children placed in your home for legal adoption, from the date of placement; legally adopted children; stepchildren; and children for whom you are the legal guardian. For complete eligibility rules, see the Summary Plan Description (SPD).

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid

WEBSITE <http://myalhipp.com/>
PHONE 1-855-692-5447

ALASKA – Medicaid

WEBSITE [The AK Health Insurance Premium Payment Program
http://myakhipp.com/](http://myakhipp.com/)
PHONE 1-866-251-4861
EMAIL CustomerService@MyAKHIPP.com
MEDICAID ELIGIBILITY <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

WEBSITE <http://myarhipp.com/>
PHONE 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

WEBSITE [Health Insurance Premium Payment \(HIPP\) Program
http://dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp)
PHONE 916-445-8322 / (fax) 916-440-5676
EMAIL: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

WEBSITE [Health First Colorado Website:
https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)
PHONE [Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711](tel:1-800-221-3943)
CHP+ WEBSITE <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ PHONE Customer Service: 1-800-359-1991 / State Relay 711
WEBSITE [Health Insurance Buy-In Program \(HIBI\):
https://www.mycohibi.com/](https://www.mycohibi.com/)
PHONE HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

WEBSITE <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
PHONE 1-877-357-3268

GEORGIA – Medicaid

GA HIPP WEBSITE <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
PHONE 678-564-1162, Press 1
GA CHIPRA WEBSITE <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
PHONE 678-564-1162, Press 2

INDIANA – Medicaid

WEBSITE Health Insurance Premium Payment Program
Family and Social Services Administration
<http://www.in.gov/fssa/dfr/>
PHONE 1-800-403-0864 or 1-800-457-4584 (Member Services Phone)
WEBSITE All other Medicaid
<https://www.in.gov/medicaid/>

IOWA – Medicaid and CHIP (Hawki)

MEDICAID WEBSITE <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
MEDIACAI D PHONE 1-800-338-8366
HAWKI WEBSITE <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
HAWKI PHONE 1-800-257-8563
HIPP WEBSITE <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP PHONE 1-888-346-9562

KANSAS – Medicaid

WEBSITE <https://www.kancare.ks.gov/>
PHONE 1-800-792-4884
HIPP PHONE 1-800-967-4660

KENTUCKY – Medicaid

WEBSITE Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
PHONE 1-855-459-6328
EMAIL KIHIPP.PROGRAM@ky.gov
KCHIP WEBSITE <https://kynect.ky.gov>
KCHIP PHONE 1-877-524-4718
MEDICAID WEBSITE <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

WEBSITE www.medicaid.la.gov or www.ldh.la.gov/lahipp
PHONE 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

ENROLLMENT WEBSITE https://www.mymaineconnection.gov/benefits/s/?language=en_US
PHONE 1-800-442-6003 TTY: Maine relay 711
WEBSITE Private Health Insurance Premium
<https://www.maine.gov/dhhs/ofi/applications-forms>
PHONE 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

WEBSITE <https://www.mass.gov/masshealth/pa>
PHONE 1-800-862-4840 TTY: 711
EMAIL masspremassistance@accenture.com

MINNESOTA – Medicaid

WEBSITE <https://mn.gov/dhs/health-care-coverage/>
PHONE 1-800-657-3672

MISSOURI – Medicaid

WEBSITE <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
PHONE 573-751-2005

MONTANA – Medicaid

WEBSITE <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
PHONE 1-800-694-3084
EMAIL HHSHIPProgram@mt.gov

NEBRASKA – Medicaid

WEBSITE <http://www.ACCESSNebraska.ne.gov>
1-855-632-7633
PHONE Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

WEBSITE <http://dhcnp.nv.gov>
PHONE 1-800-992-0900

NEW HAMPSHIRE – Medicaid

WEBSITE <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
PHONE 603-271-5218
TOLL FREE FOR HIP PROGRAM 1-800-852-3345, ext 15218
EMAIL DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

MEDICAID WEBSITE <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
MEDICAID PHONE 1-800-356-1561
CHIP WEBSITE <http://www.njfamilycare.org/index.html>
CHIP PHONE 1-800-701-0710 TTY: 711
609-631-2392 (Premium Assistance Phone)

NEW YORK – Medicaid

WEBSITE https://www.health.ny.gov/health_care/medicaid/
PHONE 1-800-541-2831

NORTH CAROLINA – Medicaid

WEBSITE <https://medicaid.ncdhhs.gov/>
PHONE 919-855-4100

NORTH DAKOTA – Medicaid

WEBSITE <https://www.hhs.nd.gov/healthcare>
PHONE 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

WEBSITE <http://www.insureoklahoma.org>
PHONE 1-888-365-3742

OREGON – Medicaid and CHIP

WEBSITE <http://healthcare.oregon.gov/Pages/index.aspx>
PHONE 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

WEBSITE <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
PHONE 1-800-692-7462
CHIP WEBSITE <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP PHONE 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

WEBSITE <http://www.eohhs.ri.gov/>
PHONE 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)

SOUTH CAROLINA – Medicaid

WEBSITE <https://www.scdhhs.gov>
PHONE 1-888-549-0820

SOUTH DAKOTA - Medicaid

WEBSITE <http://dss.sd.gov>
PHONE 1-888-828-0059

TEXAS – Medicaid

WEBSITE <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
PHONE 1-800-440-0493

UTAH – Medicaid and CHIP

WEBSITE <https://medicaid.utah.gov/upp/>
<https://medicaid.utah.gov/expansion/> (Adult Expansion)
<https://medicaid.utah.gov/buyout-program/> (Utah Medicaid Buyout Program)
<https://chip.utah.gov/> (CHIP)
EMAIL Utah's Premium Partnership for Health Insurance (UPP)
upp@utah.gov
PHONE 1-888-222-2542

VERMONT– Medicaid

WEBSITE <https://dvha.vermont.gov/members/medicaid/hipp-program>
PHONE 1-800-250-8427

VIRGINIA – Medicaid and CHIP

WEBSITE <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
MEDICAID AND CHIP PHONE 1-800-432-5924

WASHINGTON – Medicaid

WEBSITE <https://www.hca.wa.gov/>
PHONE 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

WEBSITE <http://dhr.wv.gov/bms>
<http://mywvhipp.com>
MEDICAID PHONE 304-558-1700
CHIP TOLL-FREE 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

WEBSITE <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
PHONE 1-800-362-3002

WYOMING – Medicaid

WEBSITE <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
PHONE 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits
Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to request FMLA leave you **must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

