

Arthur J. Gallagher & Co.
Notice of Gallagher U.S. Benefit Plans Privacy Practices
Effective September 1, 2019

This Notice of Privacy Practices describes how health information about you may be used and disclosed and how you may get access to this information. This Notice provides you with the information to protect the privacy of your protected health care information ("PHI"). This Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this Notice or about our privacy practices, please contact the Company's Privacy Official of U.S. Benefit Plans.

Arthur J. Gallagher & Co. ("the Company") is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices ("Notice") applies to the Company's group health (including a wellbeing program), dental, vision, flexible spending and resources for work and life/employee assistance plans ("the Plans").

We are required to provide this Notice of Privacy Practices to you pursuant to Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which protects certain medical information known as "protected health information." This Notice will outline our policies, safeguards and practices in regards to information and records we have about you, your health status and applicable health care and services you receive from the Company's Plans. When the Company uses or discloses your PHI, we are bound by the terms of this Notice or the applicable revised notice.

The Plans will not use PHI that is genetic information for underwriting purposes. Uses and disclosures of psychotherapy notes will be made only with authorization from you.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If any material change is made to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by electronic distribution or, upon request, paper copy.

How We May Use and Disclose Your Protected Health Information

The following categories describe the different ways the Company may use and disclose your PHI. Every use or disclosure in a category will not be included below. However, all of the ways the Company is permitted to use and disclose information will fall within one of the categories. We will not use your protected health information or disclose it to others without your authorization, except for the below mentioned purposes.

Payment. We may use and disclose medical information about you so that the treatment and services you receive, such as at a hospital, may be paid by the Plans. Your PHI may be used or disclosed to a contracted Business Associate administer claims and provide support services.

Health Care Operations. The Plans may use and disclose your PHI for our health care operations or those of a third-party administrator of the Plans. For example, the Plans may use your PHI to conduct quality assessment and improvement activities. Other examples of health care operations may include underwriting and premium rating or conducting or arranging for medical review, legal services and auditing functions.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person based upon a belief in good faith.

Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected

health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

As Required by Law. We will disclose your protected health information when required to do so by federal, state or local law such as when required by national security laws or public health disclosure laws.

Victims of Abuse, Neglect or Domestic Violence. If the individual agrees with the disclosure, The Company may use and disclose is expressly authorized by statute or regulation and the disclosure prevents harm to the individual or other victim.

Judicial and Administrative Proceedings. Your PHI may be used or disclosed in a judicial or administrative proceeding or to comply with the law.

Law Enforcement. We may use or disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

Public Health and Health Oversight Activities. We may or use or disclose your PHI to a health oversight agency for audits, investigations or audits as required by certain state and federal agencies to monitor the health care system, government programs and compliance with civil rights laws.

Decedents. We may use or disclose PHI for the purpose of identifying a deceased person, determining the cause of death or other duties as authorized by laws.

Organ and Tissue Donation. We may use or disclose health information for purposes to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes or tissue for the purpose of facilitating transplantation.

Research. We may use and disclose PHI about you for research projects that require a special approval process. A waiver of the authorization required by HIPAA that has been approved by an appropriate privacy board will be necessary for the disclosure.

Specialized Government Functions. The use and disclosure may include disclosures of an inmate's PHI to correctional institutions and disclosures of an individual's PHI to authorized federal officials for the conduct of national security activities.

Workers' Compensation. Your PHI may be used or disclosed for purposes of administering the Company's workers' compensation plan or similar programs.

Required Disclosures

The following is a description of disclosures of your protected health information the Company is required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary for the purposes of enforcing HIPAA.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written authorization and any supporting documents (i.e., power of attorney).

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plans, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Alternative Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to the Privacy Official of U.S. Benefit Plans. You have a right to receive a copy by mail, email or pick up a copy in person. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Official

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us 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 Company's Privacy Official of U.S. Benefit Plans. In addition, you must provide a reason that supports your request.

Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to obtain an accounting of certain disclosures of your protected health information. The accounting does not have to include disclosures:

- For the purposes of treatment, payment, or health care operations
- Made to you about your own PHI
- Incidental to otherwise permissible use or disclosure
- Made pursuant to an authorization
- For purposes or creation of a facility directory or to persons involved in the patient's care or other notification purposes
- As part of a limited data set
- For other national security or other law enforcement purposes

To request this list or accounting of disclosures, you must submit your request in writing to The Privacy Official of U.S. Benefit Plans. Your request must state a time period of no longer than six years. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. The Privacy Official may impose reasonable production and mailing costs for additional accountings.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information. The Company will attempt to honor such requests if, in the sole discretion of the Company, the requests are reasonable. The Privacy Office is charged with the responsibility for administering requests for restrictions.

To request restrictions, you must make your request in writing to the Privacy Official of U.S. Benefit Plans. Your request must include:

- What information you want to limit
- Whether you want to limit our use, disclosure, or both
- To whom you want the limits to apply—for example, disclosures to your spouse.

The Plan will agree to the request if the disclosure is for the purposes of carrying out payment or health care operation is not otherwise required by law, and the PHI pertains solely to a health care item or service for which the individual, or person on behalf of the individuals other than the health plan, has paid the covered entity in full.

Right to Request Alternative Communication Means or Locations. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Such requests may be honored if, in the sole discretion of the Company, the requests are reasonable. All requests must be made in writing.

However, the Company shall accommodate such a request if the participant clearly provides information that the disclosure of all or part of that information could endanger the participant. The Privacy Official of U.S. Benefit Plans has responsibility for administering requests for confidential communications.

Right to be Notified of a Breach. You have the right to be notified in the event that we or a Business Associate discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have previously agreed to receive this notice electronically, you are still entitled to a paper copy.

You may obtain a copy of this notice on the [Gallagher One Portal](#).

To obtain a paper copy of this notice, contact HRSupport@ajg.com or 630-285-3888.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact the Company's Privacy Official of U.S. Benefit Plans at the below address. All complaints must be submitted in writing.

Privacy Official of U.S. Benefit Plans
Arthur J. Gallagher & Co.
Human Resources
2850 Golf Road
Rolling Meadows, IL 60008
Phone: 630-773-3800
Fax: 630-773-4000

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or the Company.