

Required Benefit Notices

Each year, Danaher is required to provide you with important information regarding eligibility and enrollment, benefit coverage, HIPAA privacy rules and whether our prescription drug coverage qualifies as creditable coverage for Medicare. For 2019 an updated notice on the Wellness Program is included.

Please read this information carefully and keep it with your other important benefit information.

ELIGIBILITY AND ENROLLMENT INFORMATION

Special Enrollment Period for Danaher Plans

There are certain situations where you may be eligible for a special enrollment period, as outlined below.

- If you decline Company-sponsored medical coverage for yourself, your spouse/domestic partner/ and/or children because you have other medical insurance coverage, you may qualify for the “special enrollment period” under the plan if you lose that other coverage during the year. You must enroll within 31 days after the date you lost that other coverage, or else wait until the next annual enrollment period.

In addition, if you have a new dependent as a result of marriage, birth, or adoption (including placement for adoption), you may be able to enroll yourself and your dependents within 31 days after that event.

- You can enroll or otherwise elect different coverage for yourself and your dependents not later than 60 days after:
 - Your or your dependent’s Medicaid or CHIP coverage is terminated as a result of loss of eligibility, or
 - You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

If you experience one of the situations outlined above and you do not elect coverage within the time period indicated above, you must wait until the next annual enrollment period to elect coverage. If you have questions about any of these special enrollment periods, require additional information or want to enroll in coverage, please contact the Danaher Health & Welfare Benefits Center at 1-800-964-7985.

BENEFIT COVERAGE INFORMATION

Maternity Admissions

Under federal law, health plans and health insurance companies may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to:

- Less than 48 hours following a vaginal delivery, or
- Less than 96 hours following a cesarean section.

However, federal law does not prohibit the mother’s or newborn’s attending provider (after consulting with the mother) from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, health plans and health insurance companies may not require that a provider obtain authorization for prescribing a length of stay of 48 hours (or 96 hours) or less.

Women’s Health and Cancer Rights Act of 1998

The U.S. Congress passed the Women’s Health and Cancer Rights Act of 1998, which provides coverage for reconstructive surgery and related services following a mastectomy. This act affects groups and individual health plans that provide medical/surgical coverage for a mastectomy.

If you (or a covered dependent) are 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 lymphedemas.

These benefits will be subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

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 July 31, 2018. Contact your State for more information on eligibility –

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, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268

ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhttp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2018, 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.

OMB Control Number 1210-0137 (expires 12/31/2019)

CERTIFICATE OF CREDITABLE COVERAGE

Important Notice from Danaher About Your Prescription Drug Coverage and Medicare

Danaher Corporation is legally required to provide this notice to active associates and their dependents who are Medicare-eligible. Please read this notice carefully if you or a dependent are Medicare-eligible, or will become Medicare-eligible in 2019 and keep it where you can find it.

This notice has information about your current prescription drug coverage with Danaher Corporation and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll.

At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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. Danaher Corporation has determined that the prescription drug coverage offered by the Danaher Corporation & Subsidiaries Medical Plan to its active associates is, on average for all plan participants, expected to payout as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. If you lose your employer coverage through no fault of your own, you may be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

You should also know that if you drop or lose your coverage with Danaher Corporation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay more (a penalty) to enroll in a Medicare drug plan later.

If you go 63 days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium for every month that you did not have that coverage. For example, if you go 19 months without

KEEP THIS NOTICE

If you enroll in one of the plans approved by Medicare that offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll for January 1.

For more information about this notice or your current prescription drug coverage:

For further information on this notice, please contact your local human resources department or the Danaher Health and Welfare Benefits Center at 1-800-964-7985. NOTE: You will receive this notice annually and at other times in the future (such as before the next period you can enroll in Medicare prescription drug coverage), and if this coverage through Danaher Corporation changes. You also may request a copy.

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 prescription drug plans. For more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 1, 2018
Name of Entity/Sender: Corporate Benefits Department
Contact – Position/Office: Danaher Corporation
Address: 2200 Pennsylvania Avenue NW, Suite 800W
Washington, DC 20037-1701

COMPLIANCE WITH PRIVACY PRACTICES

Effective date of notice: January 1, 2019

Danaher Corporation has certain obligations regarding the privacy of your medical information according to the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Permitted Use and Disclosure of Protected Health Information

Danaher Corporation may only use and disclose Protected Health Information it receives from the Plan as permitted and/or required by, and consistent with, the HIPAA Privacy regulations found at 45 CFR Part 164, Subpart A. This includes, but is not limited to, the right to use and disclose participant's Protected Health Information (including electronic Protected Health Information) in connection with payment, treatment and health care operations. The operations may include programs designed to avoid harmful drug interactions or assist with care management efforts.

The Plan will disclose Protected Health Information to Danaher Corporation only upon receipt of a certification by the Company that the plan documents have been amended to incorporate all the required provisions as follows.

Danaher Corporation agrees to:

- Not use or further disclose the information other than as permitted or required by the plan documents or as required by law;
- Ensure that any agents, including a subcontractor, to whom it gives Protected Health Information received from the Plan, agree to the same restrictions and conditions that apply to the Company with respect to such information;
- Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of the Plan;
- Not use or disclose the information for employment-related actions and decisions or in connection with any other benefit or associate benefit plan of the Company;
- Report to the Plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which the Company becomes aware;
- Make available Protected Health Information in accordance with individuals' rights to review their Protected Health Information;
- Make available Protected Health Information for amendment and incorporate any amendments to Protected Health Information consistent with the HIPAA rules;
- Make available the information required to provide an accounting of disclosures in accordance with the HIPAA rules;
- Make its internal practices, books and records relating to the use and disclosure of protected information received from the Plan available to the Secretary of HHS for purposes of determining compliance by the Plan; and
- If feasible, return or destroy all Protected Health Information received from the Plan that the Company still maintains in any form. The Company will retain no copies of Protected Health Information when no longer needed for the purpose for which disclosure was made. An exception may apply if such return or destruction is not feasible, but the Plan must limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

Separation of Danaher Corporation and the Plan

The following associates or classes of associates or other persons under the control of the Company shall be given access to Protected Health Information:

- Danaher corporate human resources department, and
- Danaher subsidiary company human resources department.

The Company shall restrict access to and use of Protected Health Information by such associates and other persons described above to the plan administration functions that the Company performs for the Plan, including payment and health care operation. No other persons shall have access to Protected Health Information. Danaher shall ensure that the separation between the Plan and Danaher is supported by reasonable and appropriate security measures.

The Company shall provide a mechanism for solving any issues of noncompliance with HIPAA privacy practices. If Danaher becomes aware that an associate or other individual listed above has failed to comply with the access or use limitations on Protected Health Information described in this section, Danaher shall inform the Privacy Officer and the Privacy Officer shall determine, in accordance with the Plans' policies and procedures, what sanctions, if any, should be imposed. This includes disciplinary action up to and including termination.

Notice of HIPAA Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Danaher is required by federal law (specifically, the Health Insurance Portability and Accountability Act, known as “HIPAA”) to protect the privacy of your individual health information. In addition, Danaher is required to provide you with this notice regarding our privacy policies and procedures and to abide by the terms of this notice, as it may be updated from time to time.

This notice explains:

- How your personal health information (called Protected Health Information) may be used;
- What rights you have regarding this information; and,
- How the Group Health Plan May Use and Disclose Your Protected Health Information.

The Plan is permitted by law to use and disclose your Protected Health Information in certain ways without your authorization:

For treatment. The Plan may use and disclose your Protected Health Information to coordinate or manage health care services you receive from providers. For example, so that your treatment and care are appropriate, your physician may use your information to consult with a specialist regarding your condition.

For payment. The Plan may use and disclose your Protected Health Information to determine plan eligibility and responsibility for coverage and benefits. For example, to make sure that you receive the correct benefits and that claims are paid accurately, the Plan may use your information when it confers with other health plans to resolve a coordination of benefits issue. The Plan may also use your Protected Health Information for utilization review activities.

For health care operations. The Plan may use your Protected Health Information in several ways, including plan administration, quality assessment and improvement, and vendor review. Your information could be used to ensure quality and efficient plan operations, for example, to assist in the evaluation of a vendor who supports us. The Plan also may contact you with appointment reminders or to provide information about treatment alternatives or other health-related benefits and services available under the Plan.

To Business Associates. The Plan 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. For example, the Plan may disclose your Protected Health Information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

To Plan Sponsors. The Plan may also disclose your Protected Health Information to Danaher (the Plan Sponsor) in connection with these activities. Danaher has designated a limited number of associates who are the only ones permitted to access and use your Protected Health Information for plan operations and administration (see *Separation of Danaher Corporation and the Plan* on page 7). When appropriate, the Plan may share two types of Protected Health Information with other Danaher associates:

- *Enrollment/disenrollment data* – information on whether you participate in the health plan or whether you have enrolled or disenrolled from a plan option (e.g., HMO)
- *Summary Health Information* – Summaries of claims from which names and other identifying information have been removed.

Danaher agrees not to use or disclose your Protected Health Information for employment-related actions, such as hiring or termination, or for any other purposes not authorized by the HIPAA privacy regulations. Danaher agrees that it is not permitted for the health plan to use or disclose genetic information for any insurance underwriting purposes.

Other Permitted Uses and Disclosures

Federal regulations allow us to use and disclose your Protected Health Information, without your authorization, for several additional purposes, in accordance with law, including:

- For public health activities
- For reporting and notification of abuse, neglect or domestic violence to an appropriate government authority
- To a health oversight agency for oversight activities authorized by law
- In connection with judicial and administrative proceedings
- To law enforcement officials
- To a coroner or medical examiner
- To cadaveric organ, eye or tissue donation programs
- To avert a serious threat to health or safety
- For specialized government functions (e.g., military and veterans’ activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations)
- For research, as long as certain privacy-related standards are satisfied
- For workers’ compensation or similar programs established by law that provide benefits for work-related injuries or illness
- As required by law, provided that the use or disclosure complies with and is limited to the relevant requirements of such law.

Special Situations

The Plan may disclose your Protected Health Information to a family member, relative, close personal friend, or any other person whom you identify when that information is directly relevant to the person's involvement with your care or payment related to your care.

The Plan also may use your Protected Health Information to notify a family member, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, the Plan will do what in its judgment is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

The Plan will make other uses and disclosures only after you authorize them in writing. You may revoke your authorization in writing at any time.

This includes use and disclosures with your authorization for the following but is not limited to:

- Your psychotherapy notes
- Protected health information (PHI) for marketing purposes
- Disclosures that constitute a sale of PHI can be made only with an individual's authorization.

Your Rights Regarding Protected Health Information

The following is a description of your rights with respect to your Protected Health Information.

- **Right to Inspect and Copy.** Upon written request, you have the right to inspect and get copies of your Protected Health Information (and that of an individual for whom you are a legal guardian). There are some limited exceptions. If you wish to examine your Protected Health Information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer for a copy of the Request Form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. You will be charged for the expense of copying your Protected Health Information. If you want the copies mailed to you, postage is also charged. If you prefer a summary or an explanation of your Protected Health Information, the Plan provides it for a fee. Please contact our Privacy Officer for a fee and/or for an explanation of our fee structure.
- **Right to Request an Amendment.** You have the right to amend your Protected Health Information if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.
- **Right to an Accounting of Non-routine Disclosures.** You have the right to receive a list of non-routine disclosures the Plan has made of your Protected Health Information. (When the Plan makes a routine disclosure of your information to a professional for treatment, payment and/or health care operation purposes, it does not keep a record; therefore, these are not available.) You have the right to a list of instances in which the Plan, or our Business Associates, discloses information for reasons other than treatment, payment or health care operations. You can request non-routine disclosures going back 6 years starting on April 14, 2003. Information prior to that date would not have to be released. (Example: If you request information on May 15, 2016, the disclosure period would start on May 15, 2010, and extend up to May 15, 2016.) In addition, you do not have a right to receive an accounting of disclosures that you authorized in writing.
- **Right to Request Restrictions.** You have the right to request that the Plan place additional restrictions on its use or disclosure of your Protected Health Information as it carries out payment, treatment, or health care operations. You may also ask the Plan to restrict how it uses and discloses your Protected Health Information to your family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. The Plan does not have to agree to these additional restrictions, but if it does, it abides by its agreement (except in emergencies). Please contact our Privacy Officer if you want to further restrict access to your Protected Health Information. This request must be submitted in writing.
- **Right to Restrict Disclosure to the Plan of Out-of-Pocket Payments.** If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to the Plan for purposes of payment or health care operations.
- **Right to Request Confidential Communications.** You may request to receive your Protected Health Information by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may want to have Protected Health Information sent only by mail or to an address other than your home.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. In addition, you have the right to receive your notice at an alternative location than the address on file.
- **Right to be Notified of Breach.** You have a right to be notified when a "breach" (as defined in the regulations) of your unsecured Protected Health Information has occurred.
- **Right to Electronic Copy of your Electronic Health Record** (with this directed to the applicable insurance carrier and not the plan sponsor). If your Protected Health Information is maintained in an electronic format (known as an electronic health record), you have the right to request of the applicable insurance carrier in accordance with its procedures that an electronic copy of your electronic health record be given to you or transmitted to another individual or entity.

Questions and Complaints

- If you believe that your Personal Health Information has been disclosed in violation of HIPAA regulations, you may file a written complaint, without fear of retaliation, with the HIPAA Privacy Officer. The written complaint must include: your name; your Social Security number; your date of birth, your telephone number and e-mail address; the Danaher business where you are employed; the party to whom the unauthorized disclosure was made, along with his or her address and telephone number; if known, the individual who made the unauthorized disclosure; and the names of individuals who have specific knowledge of this matter.
- The complaint should be directed to: Vice President, Global Compensation and Benefits, Danaher Corporation, 2200 Pennsylvania Avenue N.W., Suite 800 W, Washington, D.C. 20037-1701.
- All complaints will be acknowledged upon receipt. The HIPAA Privacy Officer, or the officer's representative, will investigate complaints and take the necessary corrective action. You will receive a written response to the complaint after the investigation is completed.
- If you are not satisfied with the manner in which Danaher has handled the complaint, or you prefer not to file a complaint with the Company, you may file a complaint by writing to the following contact: Regional Director, Office of the Secretary, Region 3, Department of Health and Human Services, Suite 436, Public Ledger Building, 150 S. Independence Mall West, Philadelphia, PA 19106-3499.

Changes to This Notice

- The Plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information the Plan maintains. If it changes this notice, you will receive a new notice delivered to you either through interoffice mail or mailed to your home address.

Contacting Us

- You may exercise the rights described in this notice by contacting the Danaher office identified below, which will provide you with additional information. The contact is: Director, Global Benefits, Danaher Corporation, 2200 Pennsylvania Avenue N.W., Suite 800W, Washington, DC 20037-1701.

NOTICE REGARDING WELLNESS PROGRAM

NOTICE REGARDING WELLNESS PROGRAM

Danaher's wellness program is a voluntary wellness program available to all employees. 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 wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which may include a blood test for common health measurement metrics (i.e., glucose, cholesterol level, etc.). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive on points based system which translates to financial reward. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the points and financial rewards.

Additional incentives (such as financial rewards, sweepstakes, etc.) may be available for members who participate in certain health-related activities (such as exercising, participating in mental health programs, etc.). If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Corporate Benefits Team at CorporateBenefits@Danaher.com.

If Danaher does implement HRA and/or biometric screening, the information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as [nutrition or disease management health programs, etc.]. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Danaher Corporation may use aggregate information it collects to design a program based on identified health risks in the workplace, the Danaher Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness 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 wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are a registered nurse, a doctor, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. 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 wellness program, we 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 wellness 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, contact: Director, Global Benefits, Danaher Corporation, 2200 Pennsylvania Avenue N.W., Suite 800W, Washington, DC 20037-1701

GINA Notice to Avoid Providing Genetic Information

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, and genetic counseling or genetic diseases for which an individual may be at risk.