

SUMMARY ANNUAL REPORT

For Transform Health and Welfare Plan

This is a summary of the annual report of the Transform Health and Welfare Plan, (Employer Identification Number 83-3374195, Plan Number 501), for the plan year 01/01/2021 through 12/31/2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Transform Midco LLC has committed itself to pay certain health, life insurance, dental, vision, temporary disability, long term disability, death benefits, accidental death and dismemberment, major medical, organ and tissue transplant and teleconsulta, voluntary critical illness, voluntary hospital care, MMOOA and POS claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Kaiser Foundation Health Plan of The Mid-Atlantic, Kaiser Foundation Health Plan of the Northwest, Metropolitan Life Insurance Company, Life Insurance Company of North America, Netcare Life & Health Insurance, Triple-S Salud, Inc., Cigna Life Insurance Co. of New York, EyeMed - Basic, EyeMed - Premier, Securian Life Insurance Company, Kaiser Foundation Health Plan of Georgia, Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan Inc., Kaiser Foundation Health Plan of Washington, Kaiser Foundation Health Plan of Hawaii and Blue Cross Blue Shield of Illinois to pay certain health, life insurance, dental, vision, temporary disability, long term disability, death benefits, accidental death and dismemberment, major medical, organ and tissue transplant and teleconsulta, voluntary critical illness, voluntary hospital care, MMOOA and POS claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$43,155,405.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2021, the premiums paid under such "experience-rated" contracts were \$30,518,677 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$28,441,959.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The item listed below is included in that report:

- insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Transform Midco LLC, at 3333 Beverly Road Dept. 707BEN, Hoffman Estates, IL 60179, and phone number, 847-286-2500.

You also have the legally protected right to examine the annual report at the main office of the plan: 3333 Beverly Road Dept. 707BEN, Hoffman Estates, IL 60179, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

To obtain a copy of the 2023 Summary Material Modifications (SMM) or the Children's Health Insurance Program Notice (CHIP) please visit the Transformco Benefits Resources page at www.88sears.com.

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 less than one minute per notice (approximately 3 hours and 11 minutes per plan). 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, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2023)