

**SUMMARY ANNUAL REPORT**  
**for**  
**CONVATEC, INC. HEALTH & WELFARE PLAN**

This is a summary of the annual report for CONVATEC, INC. HEALTH & WELFARE PLAN, 26-2734330/501 Health (other than dental/vision), Life insurance, Dental, Vision, Temporary disability, Long term disability, Death Benefits and other for 01/01/2020 through 12/31/2020. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

CONVATEC, INC. has committed itself to pay certain ( Health (other than dental/vision), Life insurance, Dental, Vision, Temporary disability, Long term disability, Death Benefits and other) claims incurred under the terms of the plan.

The plan has contract(s) with DELTA DENTAL OF NEW JERSEY, INC. and METROPOLITAN LIFE INSURANCE COMPANY and EYEMED and CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES and NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA and PRUDENTIAL INSURANCE COMPANY OF AMERICA to pay certain ( Health (other than dental/vision), Life insurance, Dental, Vision, Temporary disability, Long term disability, Death Benefits and other) claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2020 were \$2,576,101.

*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 items listed below are included in that report:

1. Financial information and information on payments to service providers;
2. 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 CONVATEC, INC., who is Plan Administrator at 1160 ROUTE 22 EAST, SUITE 304, BRIDGEWATER NJ 08807, (908) 231-2152. The charge to cover copying cost will be \$5.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 1160 ROUTE 22 EAST, SUITE 304, BRIDGEWATER NJ 08807 and at the US Department of Labor in Washington DC, or obtain a copy from the US 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, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.