

SCOTT'S MIRACLE-GRO ONGOING FORM – 2021 BENEFIT PLAN YEAR

Associate/Spouse: If you and/or your spouse are making positive changes and your health metrics improve or if you were previously not eligible to participate, you can use this form to submit your results. You can do so at any time, but submit your results by November 30, 2020, to be guaranteed updated incentives on your first 2021 paycheck. Scan and upload your completed form to <https://smg.uswellness.com> or fax to (240) 823-2568. Receipt of your form will be confirmed within two business days to the email address you provide below (please print clearly and allow emails from uswellness.com).

STEP 1: To be completed by associate or spouse

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|---|---|
| <input style="width: 100%; height: 20px;" type="text"/> First Name | <input style="width: 100%; height: 20px;" type="text"/> Last Name |
| <input style="width: 100%; height: 20px;" type="text"/> Street Address | |
| <input style="width: 40%; height: 20px;" type="text"/> City | <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> State |
| <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> Date of Birth: (Month) (Date) (Year) | <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> Phone Number |
| <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> Associate Spouse Employee ID | <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> Office Location (City) |
| <input style="width: 100%; height: 20px;" type="text"/> E-mail address (to receive e-mail verification that form was received by US Wellness-allow emails from domain @uswellness.com) | |

STEP 2: To be completed by associate or spouse

I understand that any individually identifiable health information about me obtained in the course of this screening may be maintained by US Wellness. I authorize US Wellness to share my individually identifiable health information with The Scotts Company LLC Total Family Protection Plan (the "Plan") and the Plan's benefits management, Conduent HR Consulting, LLC, and OptumHealth Care Solutions, LLC for the purpose of providing wellness services and aggregate population health analysis. I understand that, except to the extent permitted or required under applicable law, my information will not be shared with my employer. I authorize that US Wellness and the Plan and the Plan's benefits management, Conduent HR Consulting, LLC, and OptumHealth Care Solutions, LLC may contact me and that my information will be managed in accordance with the uses and disclosures permitted of covered entities under the federal HIPAA Privacy Rule and GINA.

Associate/Spouse Signature - REQUIRED _____ Date _____

STEP 3: To be completed by health care provider office

Copayment No Yes Amount: \$ _____ PREGNANT Yes No

| | | |
|--|---|--|
| Cholesterol *Total Cholesterol <input style="width: 40px; height: 20px;" type="text"/> *HDL Cholesterol <input style="width: 40px; height: 20px;" type="text"/> LDL Cholesterol <input style="width: 40px; height: 20px;" type="text"/> Triglycerides <input style="width: 40px; height: 20px;" type="text"/> Was patient fasting for more than 8 hours prior to this test? <input type="radio"/> Yes <input type="radio"/> No Date of Test: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> (Month) (Day) (Year) | Glucose (Blood Sugar) <input style="width: 40px; height: 20px;" type="text"/> Was patient fasting for more than 8 hours prior to this test? <input type="radio"/> Yes <input type="radio"/> No Date of Test: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> (Month) (Day) (Year) | *Blood Pressure Systolic <input style="width: 40px; height: 20px;" type="text"/> / Diastolic <input style="width: 40px; height: 20px;" type="text"/> Date of Test: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> (Month) (Day) (Year) |
| Was patient fasting for more than 8 hours prior to this test? <input type="radio"/> Yes <input type="radio"/> No Date of Test: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> (Month) (Day) (Year) | *Waist Circumference <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> inches Date of Measurement: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> (Month) (Day) (Year) | *Height: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> (Feet) (Inches) *Weight (lbs): <input style="width: 40px; height: 20px;" type="text"/> Date of Measurement: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> (Month) (Day) (Year) |

* Indicates measurements included in the Scotts Wellness Incentive Program. If waist circumference is not available, BMI is used to establish incentive. If noted as pregnant, you will be exempt from the waist circumference / BMI measurement.

Health Care Provider Signature _____ Health Care Provider Name _____ Date _____ Phone Number _____

STEP 4: To be completed by associate/spouse (recommended) or health care provider office. Scan and upload your completed form to <https://smg.uswellness.com> or fax to (240) 823-2568. Email confirmation will be sent to email address provided above within two business days.

NOTICE REGARDING WELLNESS PROGRAM

The Wellness Incentive Program is a voluntary wellness program available to all associates and covered spouses enrolled in a Scotts medical plan. 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 ("HIPAA"), as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a biometric screening, which will include a blood test that measures your cholesterol and blood glucose, a blood pressure screening and measurement of your body mass index and waist circumference. You are not required to participate in the blood test or other medical examinations.

However, associates (and their covered spouses, if applicable) who choose not to complete the biometric screening will each receive a surcharge of \$20 per month (for a total potential surcharge of \$40 per month). Although you are not required to participate in the biometric screening, only associates (and covered spouses) who do so will avoid the surcharge.

Additional incentives to help further offset medical plan premiums are available for associates (and their covered spouses, if applicable) who meet certain specified health metrics based on the results of the biometric screening. A "point system" is used to determine the amount of these health outcome-based wellness incentive dollars available per month, with a maximum amount of \$110 available if you or your covered spouse receives a total of 30 points based on the results of the biometric screening. Additional information regarding the point system can be found in the Summary Plan Description for The Scotts Company Total Family Protection Plan. Again, although you are not required to participate in the biometric screening, only associates (and their covered spouses, if applicable) who do so and who achieve the specified health metrics will be eligible to receive the health outcome-based wellness incentive.

If you are unable to complete the biometric screening or achieve any of the health metrics 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 US Wellness at 1-855-279-3246, or by completing the Medical Exception Form found on the LiveTotal Health page of The Garden.

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 tobacco cessation, weight management, online coaching and chronic condition management programs. 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 The Scotts Company may use aggregate information it collects to design a program based on identified health risks in the workplace, the Wellness Incentive 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 individuals or entities who will receive your personally identifiable health information are US Wellness, Inc., The Scotts Company LLC Total Family Protection Plan (the "Plan") and the Plan's benefits management, Conduent HR Consulting, LLC, and OptumHealth Care Solutions, LLC in order to administer the Wellness Incentive Program and 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 in accordance with the requirements of HIPAA, state law, and our internal policies and procedures, as applicable.

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, please contact The Scotts Company Benefits Department at 1-937-644-0011.