

**COVID-19 VACCINATION MEDICAL (INCLUDING PREGNANCY-RELATED) ACCOMMODATION
REQUEST & QUESTIONNAIRE (FOR USE IN CALIFORNIA)**

Citi is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, Citi is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, Citi will provide a reasonable accommodation for any known medical condition (including pregnancy-related) or disability of a qualified individual which prevents the employee/applicant from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for Citi and/or pose a direct threat to the health or safety of others and/or to the requesting individual.

To seek a reasonable accommodation related to Citi's COVID-19 vaccination requirement due to a medical reason (including pregnancy-related), please complete the following steps:

- (1) Call the administrator, MetLife at 1-888-830-7380 and follow the prompts to initiate your accommodation request for their review. Complete Part 1 of this form.
- (2) Provide this form to your healthcare provider and have them complete Part 2. If you must forward this form to your personal email address or another address external to Citi, please enter "(Secure)" in the subject line. This will encrypt the email and allow it to exit through Citi's information security firewall.
- (3) Once your healthcare provider has completed Part 2, he/she must return the fully completed form directly to MetLife by global fax to 1-800-230-9531 or email to bloomfieldmail@metlife.com

Citi will use this information to engage in an interactive process to determine whether you are eligible for the requested accommodation and if so, to determine reasonable accommodations which would enable you to perform the essential functions of your position without posing an undue hardship or a direct threat of harm to you or others. If you refuse to provide the information sought, your refusal may impact Citi's ability to adequately understand your request or to effectively engage in the interactive process to identify possible accommodations.

PART 1: TO BE COMPLETED BY EMPLOYEE/APPLICANT

Name: _____

Employment Status (check one): Applicant Employee

GEID _____

MetLife Claim Number: _____

Job Title: _____

Work location: _____

Manager name: _____

Section A: Assessing Your Ability to Participate in COVID-19 Testing, Masking and Other COVID-19 Safety Protocols. Even if Citi were to determine a medical condition prevented you from receiving a COVID-19 vaccination, Citi must evaluate whether you can comply with other COVID-19 safety protocols. The following questions are designed to help Citi anticipate and assess those considerations.

1. **COVID-19 Testing:** If you are granted an accommodation from vaccination, are you able to engage in nasal swab COVID-19 testing three or more times a week? YES NO If you answered, "YES," proceed to question 2 and do not answer questions 1(a) to 1(f). If you answered, "NO," please answer questions 1(a) to 1(f) (checking "NOT APPLICABLE" for questions focused on religious objections if your objection is not based on religion) to enable us to assess the potential conflict with COVID-19 testing and/or your willingness to participate in testing:

a. Please check the box(es) describing the reason you are unable to participate in nasal swab COVID-19 testing three or more times per week and explain further in the space below why the reasons you have noted prevent you from participating in such testing: Religious Philosophical Medical Other **If you check "Medical," please DO NOT disclose the medical reason on this form.** If you check "Religious," please confirm the religious belief, practice, or observance or conviction that conflicts with COVID-19 testing.

b. Have you participated in testing or medical procedures previously that penetrate your nasal passage, including prior COVID-19 tests? YES NO If you answered, "YES," please describe why you then are unable to participate in COVID-19 testing.

c. Would receiving a COVID-19 test that requires a nasal swab interfere with your ability to practice your religion? YES NO If you answered, "YES," please explain.

d. If your objection to participating in COVID-19 testing is based on your religious beliefs, are you aware of any COVID-19 tests that you could undergo consistent with your religion, religious belief, practice or conviction? YES NO NOT APPLICABLE If you answered, "YES," please identify the COVID-19 tests you could undergo.

e. If your objection to participating in COVID-19 testing is based on your religious beliefs, does your religious belief, practice, conviction or observance affect other aspects of your life, such as if it prevents

you from receiving self-healthcare such as ear, mouth or teeth hygiene? YES NO NOT APPLICABLE If you answered, "YES," please explain the aspects of your life that are impacted.

- f. Please describe any specific workplace changes you might seek, request or recommend if you do not participate fully in COVID-19 testing, which you believe would help balance the safety of Citi Employees.

2. **Masking:** If you are granted an accommodation from vaccination, are you able to wear a mask while engaged in work at a Citi site? YES NO If you answered, "YES," proceed to question 3 and do not answer questions 2(a) and 2(b). If you answered, "NO," to enable us to assess the potential conflict with masking requirements and/or your willingness to wear masks or other face-coverings, please answer questions 2(a) and 2(b):

- a. Please check the box(es) describing the reason you are unable to wear masks while engaged in Citi work and explain further in the space below the reasons why you are unable or unwilling to wear such masks:
 Religious Philosophical Medical Other. **If you check "Medical," please DO NOT disclose the medical reason on this form.** If you check "Religious," please confirm the religious belief, practice, or observance or conviction that conflicts with the wearing of a mask or other type of face covering.

- b. Have you worn masks or other face coverings during the COVID-19 pandemic? YES NO If you answered, "YES," please describe why you are unable to wear a mask while performing Citi work and describe the masking accommodation you propose while performing Citi work.

Part 3: Additional Information. Citi seeks to fully understand the reasons you are seeking this accommodation. Please use this section to provide any additional information you believe Citi should consider as it evaluates your accommodation request.

Employee/Applicant Name: _____

3. Is there anything else you would like Citi to know about your request for exemption for reasons of personal conscience or prior recovery from COVID-19? YES NO If you answered, "YES," please provide that information here or attach any documents you wish to provide.

Part 4: Employee/Applicant Acknowledgment: I acknowledge that I have read and understand this request form and that all statements made above are complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I understand that the accommodation requested above may not be granted if I have not identified a religious belief, practice, or observance that conflicts with the COVID-19 vaccination program or if Citi determines the accommodation is not reasonable or imposes an undue hardship.

I understand that Citi is requiring that U.S. employees/applicants comply with its mandatory vaccination policy. I am requesting an accommodation allowing me to remain/become actively employed by Citi even though I am not fully vaccinated against COVID-19 because of a medical condition (including pregnancy-related) or disability concern. If my medical condition or underlying need for an accommodation changes and I am able to receive the vaccination in the future, I understand I must notify Human Resources immediately.

Employee/Applicant Signature

Date

PART 2: TO BE COMPLETED BY THE HEALTHCARE PROVIDER¹

The employee's/applicant's Healthcare Provider should review the following information and respond fully to the questions below:

At this time, Citi requires all of its U.S. employees to receive a COVID-19 vaccination as a condition of employment. Employee/applicant has requested an exemption/accommodation due to a medical condition (including pregnancy-related) or disability concern and asks to be permitted to work for Citi even though they are unvaccinated.

We ask that you complete this form so that we can assess the individual's request and determine whether we can reasonably accommodate the individual without posing a significant risk of substantial harm to the health or safety of the

¹ A Note to Health Care Providers Assisting Our Employees/Applicants:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II 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, you should not gather or provide any genetic information when responding to this request for medical information. "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.

individual or others. Please only provide information related to the condition(s) that support or are related to the individual's request for accommodation not to receive the COVID-19 vaccine.

Do Not Disclose Information Regarding Medical Cause, Medical History, Diagnosis, Treatment or the Individual's Genetic Information or Genetic Characteristics – Only Disclose Non-Medical Functional Information Regarding the Individual's Health Condition As It Relates to the Individual's Employment and Ability to Perform Job Duties.

1. Does the individual have a medical condition (including pregnancy-related) or disability that precludes the individual from receiving one of the COVID-19 vaccines?

Yes___No___

2. Is there a COVID-19 vaccine currently approved in the United States (including those approved through the Emergency Use Authorization process) that the individual could safely receive?

Yes___

No___

If yes, please indicate which vaccine _____ and skip the rest of the questions in this form.

3. If the individual's condition that precludes the individual from receiving a COVID-19 vaccine is temporary, state how long the limitation is expected to continue or if it is indefinite:

_____ Days/Weeks/Months

_____ Individual's condition is indefinite.

4. Does the individual's physical or mental condition that precludes the individual from receiving any of the available COVID-19 vaccines substantially limit one or more major life activities? (In this context, "substantially limit" means to make achievement of the major life activity difficult. Whether achievement of the major life activity is "difficult" is an individualized assessment which may consider what most people in the general population can perform with little or no difficulty, what members of the individual's peer group can perform with little or no difficulty, and/or what the individual would be able to perform with little or no difficulty in the absence of disability. Please answer this question without consideration of any mitigating measures.)

Yes___

No___

Employee/Applicant Name: _____

Healthcare Provider's Signature
(designee or stamp not permitted)

Date

Area of Practice/Specialty

Phone Number