

**COVID-19 VACCINATION ACCOMMODATION REQUEST & QUESTIONNAIRE
(TEXAS: PRIOR RECOVERY FROM COVID-19)**

Name: _____

Employment Status (check one): Applicant Employee

GEID _____

MetLife Claim Number: _____

Job Title: _____

Work location: _____

Manager name: _____

Instructions: Please use this form if you are employed in Texas and are seeking an exemption from Citi's COVID-19 vaccination requirement for reasons of prior recovery from COVID-19. Please **do not use this form** if you are seeking an exemption from Citi's COVID-19 vaccination requirement because of religious beliefs or medical reasons (including pregnancy-related conditions). If you are seeking an accommodation/exemption for religious or medical reasons (including pregnancy-related conditions), please complete the COVID-19 Vaccination Accommodation Request & Questionnaire Forms for Religious or Medical Reasons, which you can find on Citi's COVID-19 intranet site.

Citi will review Texas employee requests for accommodation consistent with Citi's obligations under federal Executive Order 14042 and Texas Executive Order GA-40. The information you provide will allow us to further evaluate your request. It is possible that we may need additional information to evaluate your request, and if so, we will request more information or documentation. We will inform you once a decision has been made on your request.

To initiate your accommodation request, please call the administrator, MetLife at 1-888-830-7380 and follow the prompts to report a new accommodation.

We recommend completing this form online. Please return the fully completed form directly to MetLife by global fax to 1-800-230-9531 or email to bloomfieldmail@metlife.com.

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.

Citi Expectations for Cooperation and Honesty:

As COVID-19 continues to significantly challenge our employees, customers, business and the communities that we serve, it is more important than ever to work cooperatively with one another. Citi respects employees may object to COVID-19 vaccinations but also expects employees to cooperate as Citi evaluates accommodation requests, including but not limited to providing true and accurate information in furtherance of accommodation requests. If Citi determines employees have failed to cooperate with its reasonable information requests or employees have acted dishonestly in advancing such requests, it may deny the accommodation request and, if appropriate, take disciplinary action including potentially terminating an employee's employment.

Part 1:

1. Are you objecting to receiving the COVID-19 vaccine based on prior recovery from COVID-19?
 YES NO

2. If you answered “YES” to question 1, please identify when you were diagnosed with COVID-19 and provide supporting documentation to confirm prior recovery from COVID-19:

Part 2: Assessing Your Ability to Participate in COVID-19 Testing, Masking and Other COVID-19 Safety Protocols. Even if the reasons for your objection to COVID-19 vaccination are covered under Texas Executive Order GA-40, 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.

3. **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 per week? YES NO If you answered, “YES,” proceed to question 4 and do not answer questions 3(a) to 3(g). If you answered, “NO,” please answer questions 3(a) to 3(g) (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 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, does your religion, religious belief, practice or conviction permit you to submit to COVID-19 testing which does not require a nasal swab or penetration of the nasal cavity? YES NO NOT APPLICABLE If you answered, “YES,” please explain why you then are unable to participate in COVID-19 testing. If you answered, “NO,” please explain why the religious belief, practice or conviction prevents you doing so.

- e. 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.

- f. 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 delivering 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.

- g. 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.

4. **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 5 and do not answer questions 4(a) and 4(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 4(a) and 4(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 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.

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

(Continue to next page)

Part 4: Employee 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.

Date: _____

Signature: _____

Name: _____