

SUMMARY ANNUAL REPORT FOR WSP USA INC. INSURANCE PLAN

This is a summary of the annual report of the WSP USA Inc. Insurance Plan (Employer Identification Number 11-1531569, Plan Number 508) for the plan year 01/01/2022 through 12/31/2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

WSP USA Inc. has committed itself to pay certain health, flexible spending account, and prescription drug claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Kaiser Foundation Health Plan of Hawaii, Vision Service Plan, Carebridge Corporation, Cigna Health and Life Insurance Company, MetLife Legal Plans, Metropolitan Life Insurance Company, Hawaii Medical Service Association, Zurich American Insurance Company and Prudential Insurance Company of America to pay certain health, prescription drug, vision, employee assistance program, legal, dental, evacuation coverage, accident, life insurance, temporary disability, long-term disability, accidental death and dismemberment, critical illness, business travel accident, and long term care claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2022 were \$19,587,267.

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. 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 WSP USA Inc., the plan administrator, at One Penn Plaza, New York, NY 10119 and phone number, 212-465-5000.

You also have the legally protected right to examine the annual report at the main office of the plan: One Penn Plaza, New York, NY 10119, 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.