

NOTICE OF SCHLAGE LOCK COMPANY LLC GROUP HEALTH PLANS' PRIVACY PRACTICES

Effective Date: June 1, 2026

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”

The Schlage Lock Company LLC and certain of its subsidiaries (“Schlage”) sponsor health and welfare benefit plans (the “Plans”). This notice applies to the following Plans: (i) the Schlage Lock Company LLC Health and Welfare Benefit Plan; (ii) the Schlage Lock Company and Affiliates Welfare Benefit Plan for Collectively Bargained Employees; (iii) the Schlage Lock Company LLC Post-65 Retiree Medical Health Reimbursement Account Plan; and (iv) the Retiree Medical Plan for Eligible Former Employees of Schlage Lock Company LLC and Participating Affiliates. The Plans are “hybrid entities” (as that term is defined by HIPAA and its regulations). The Plans apply the HIPAA privacy and security protections only to each component of the Plan that, if it were a separate employee benefit plan, would be a “covered entity” (as that term is defined by HIPAA and its regulations) – in this case, the medical (including prescription drug), dental, vision, health flexible spending arrangement, and employee assistance program components. This Notice of Privacy Practices (“Notice”) describes the practices that the Plans follow with regard to your protected health information (“PHI”), including PHI created or received as part of an organized health care arrangement. PHI is a special term, defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its regulations (the “Privacy Rule”). PHI means individually identifiable health information (including demographic information) that is created or received by certain health care providers, a health plan, or a health care clearinghouse and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you. The Plans protect the privacy of that information in accordance with applicable privacy laws, as well as our own company privacy policies. The Plans are part of an organized health care arrangement; this means that your health information may be shared among and between the health plan components of the Plans sponsored by Schlage as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

The Plans are required by law to take reasonable steps to ensure the privacy of your protected health information (“PHI”) and to inform you about:

- the Plans’ uses and disclosures of your PHI;
- your privacy rights with respect to your PHI;
- the Plans’ obligations with respect to your PHI;
- any breach involving your unsecured PHI;
- your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services (“HHS”); and
- the person or office to contact for further information about the Plans’ privacy practices.

Information disclosed in accordance with this notice might be redisclosed by the recipient, and this redisclosure may not be protected by federal or state law.

This notice applies to all PHI the Plans maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. An insurance company that provides insurance may also have different policies or notices.

You may have additional rights under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

How The Plans Use and Disclose Health Information

This section of the notice describes uses and disclosures that the Plans may make of your PHI for certain purposes without first obtaining your permission, as well as instances in which the Plans may request your written permission to use or disclose your PHI. The Plans also require the entities that assist in providing your health coverage (e.g., the Plans' business associates) to protect the privacy of your PHI through written agreements.

There is the potential that information the Plans disclose pursuant to the HIPAA Privacy Rule may be redisclosed by the person or entity who receives it and may no longer be protected by the HIPAA Privacy Rule.

Uses and disclosures related to treatment, payment, and health care operations. The Plans and their business associates may use and disclose your PHI without your permission to carry out treatment, payment, or health care operations. The Plans may also disclose health information to the Plan Sponsor for purposes related to payment or health care operations. Schlage has amended the Plans to protect your PHI as required by federal law.

Treatment includes uses and disclosures of your PHI as necessary for your treatment. The Plans do not provide treatment. However, the Plans may disclose PHI to health care providers who require it in connection with your treatment. For example, the Plans might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated with prior prescriptions. Doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to your course of treatment that may include procedures, medications, tests, and medical history.

Payment includes (but is not limited to) using and disclosing PHI for actions to make coverage determinations and payment (including billing, claims and appeals management, subrogation, plan reimbursement, review for medical necessity and appropriateness of care, and utilization review and pre-authorizations). For example, for coordination of benefits purposes, the Plans may use or disclose PHI to an insurer to determine what percentage of a bill will be paid by the Plans.

Health care operations include but are not limited to underwriting (provided that PHI that is genetic information shall not be shared for underwriting purposes), premium rating and other insurance activities relating to creating or renewing insurance contracts, disease management, case management, preventive care, wellness programs, health education and coaching, conducting or arrangement for medical review, legal services and auditing functions, including fraud and abuse programs, business planning and development, business management and general administrative activities. It also includes quality

assessment and improvement and reviewing competence or qualifications of health care professionals. For example, the Plans may use or disclose medical benefit claims information to conduct a review of the accuracy of how benefit claims are being paid.

Uses and Disclosures to Business Associates. The Plans may disclose your PHI to a “business associate.” Our business associates are the individuals and entities we engage to perform various duties on behalf of the Plans, or to provide services to the Plans. For example, our business associates might provide claims management services or utilization reviews. Business associates are permitted to receive, create, maintain, use, or disclose PHI, but only as provided in the Privacy Rule, and only after agreeing in writing to appropriately safeguard your PHI.

Uses and Disclosures to Other Covered Entities. The Plans may use or disclose your PHI to a HIPAA-covered health care provider, health plan, or health care clearinghouse, in connection with their treatment, payment, or health care operations.

Other uses and disclosures that do not require your authorization. The Plans may use or disclose your PHI for:

As Required By Law: The Plans will disclose your PHI when required to do so by federal, state or local law.

To the Secretary: The Plans may disclose your PHI to the Secretary of the Department of Health and Human Services, when required to do so, to enable the Secretary to investigate or determine the Plans’ compliance with HIPAA and the Privacy Rule.

Disclosures for Public Health Activities:

Public Health Authorities: The Plans may use or disclose your PHI to public health authorities for public health activities that are permitted or required by law, such as to prevent or control disease, injury, or disability or handle situations where children are abused or neglected.

Food and Drug Administration (FDA): The Plans may use or disclose PHI when there are problems with a product or activity that is regulated by the FDA. For instance, when the product has harmed someone, is defective, or needs to be recalled, we may disclose certain information.

Communicable Diseases: Under certain circumstances, the Plans may use or disclose PHI to a person who has been exposed to a communicable disease or may be at risk of spreading or contracting a disease or condition.

Workers’ Compensation and Employment-Related Situations: The Plans may disclose your PHI for workers’ compensation or similar programs where the release or reporting of the information is authorized by and to the extent necessary to comply with relevant workers’ compensation, occupational safety, or other similar laws. The Plans will not disclose your PHI to Schlage for use in any employment-related decision or for use in any non-health benefit plan without your authorization.

Disclosures for Judicial or Administrative Proceedings: The Plans may disclose PHI in a court or administrative proceeding if it is requested through a legal process, such as a court order or a subpoena.

Disclosures of Health Care Oversight: The Plans may disclose PHI to health oversight agencies for activities authorized by law so that those agencies can monitor or oversee the health care system and government benefit programs and be sure that certain health care entities are following regulatory programs or civil

rights laws like they should. Relevant health oversight activities include, for example, audits, investigations, inspections, and licensure.

Disclosures About Victims of Abuse, Neglect, or Domestic Violence. The Plans may disclose PHI, consistent with applicable laws, to appropriate authorities if they have reason to believe that a person has been a victim of abuse, neglect, or domestic violence. Such disclosure will be made to the governmental entity or agency authorized to receive such information.

Disclosures for Law Enforcement Purposes. The Plans may disclose PHI to law enforcement officials if it is required by law; if needed to help identify or locate a suspect, fugitive, material witness, or missing person; if it is about an individual who is or is suspected to be the victim of a crime; if we think that a death may have resulted from criminal conduct; or if we think the information is evidence that criminal conduct occurred on our premises.

Uses or Disclosures to Avert Serious Threat to Health or Safety. The Plans may use or disclose PHI to appropriate persons or authorities if (i) we have reason to believe it is needed to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is to a person reasonably able to prevent or lessen the threat, or (ii) is necessary for law enforcement to identify or apprehend an individual as permitted under applicable law.

Uses or Disclosures in Situations Involving Coroners, Medical Examiners, and Funeral Directors. The Plans may use or disclose PHI to coroners, medical examiners, or funeral directors so that they can carry out their responsibilities.

Uses or Disclosures Related to Organ Donation. If you are an organ donor, the Plans may disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Uses or Disclosures Relating to Research. The Plans may disclose your PHI to researchers when an institutional review board or a privacy board has (a) reviewed the research proposal and established protocols to ensure the privacy of the information; and (b) approved the research.

Uses or Disclosures Related to Specialized Government Functions. The Plans may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if you are a member of that foreign military service. The Plans may disclose your PHI to authorized federal officials for conducting national security and intelligence activities (including for the provision of protective services to the President of the United States) or to the Department of State to make medical suitability determinations. If you are an inmate at a correctional institution, then under certain circumstances the Plans may disclose your PHI to the correctional institution.

Reminders. The Plans may use and disclose your PHI by sending you a reminder for important services, such as annual checkups.

Additional Services. The Plans may use or disclose your PHI to send you information about alternative medical treatments and programs, or about health-related products and services that may be of interest to you, provided the Plans do not receive financial remuneration for making such communications.

Disclosure to Schlage. The Plans may disclose your PHI to designated personnel at Schlage so that they may carry out their Plan-related administrative functions. These individuals will protect the privacy of your

PHI and will ensure that it is only used as described in this Notice and as permitted by law. Your PHI will not be used by Schlage for any employment-related actions or decisions or in connection with any other benefit plan offered by Schlage that is not part of the organized healthcare arrangement.

Uses and Disclosures for Which Your Permission May Be Sought.

For purposes of this subsection only, the following conditions apply: If you are present and able to give your verbal permission, the Plans will use or disclose your PHI with your permission. This verbal permission will only cover a single encounter, and is not a substitute for a written authorization. If you are not present or are unable to give your permission, the Plans will use or disclose your PHI only if we determine (based on our professional judgment) that the use or disclosure is in your best interest.

To Others Involved in Your Care. The Plans may use or disclose your PHI to a relative or other individual who you have identified as being involved in your health care. If you are not present, our disclosure will be limited to the PHI that directly relates to the individual's involvement in your health care.

For Limited Notification Purposes. The Plans may use or disclose your PHI to help notify a relative or other individual who is responsible for your health care, of your location, general condition or death.

To Assist in Disaster Relief. The Plans may disclose your PHI to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to relatives or other individuals involved in your health care.

Uses and Disclosures Requiring Your Written Authorization. In all situations other than those described above, the Plans and their business associates will ask for your written authorization before using or disclosing your PHI. For example, your authorization is required for most uses and disclosures of psychotherapy notes (if applicable), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this notice will be made only with your authorization. If you have given the Plans or their business associates an authorization, you may revoke it at any time in writing, if the Plans or their business associates have not already acted on it. If you have questions, please contact the Benefits Team via email at Allegion.USBenefits@allegion.com.

Your Privacy Rights

This section describes your rights with respect to your PHI and a brief description of how you may exercise these rights.

Restrict Uses and Disclosures. You have the right to request that the Plans restrict uses and disclosure of your PHI for activities related to payment, health care operations and treatment. You also have the right to request that the Plans restrict the PHI about you that the Plans disclose to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that the Plans not use or disclose information about a surgery you had. The Plans will consider, but may not agree to, such requests. Your request must be in writing. To make such a request, please contact the Benefits Team via email at Allegion.USBenefits@allegion.com.

An entity covered by HIPAA's Privacy Rules (such as your healthcare provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid for the item or service in full or out of pocket and do not request reimbursement from the Plan.

Alternative Communication. The Plans, through their business associates, will accommodate reasonable requests to communicate with you at a certain location or in a certain way if there is a threat to your safety. For example, if you are covered as an adult dependent, you may want the Plans to send health information to a different address than that of the Employee. To make such a request, you must contact the appropriate business associate that maintains your individual health information. If the communication at issue is made by the Plans, you must make your request in writing. To make such a request, please contact the Benefits Team via email at Allegion.USBenefits@allegion.com. The Plans will make reasonable efforts to accommodate your request.

Inspect a Copy PHI. You have a right to inspect and obtain a copy of your PHI that is contained in a “designated record set” – records used in making enrollment, payment, claims adjudication, and other decisions. To request a copy, you must contact the appropriate business associate. The business associates may provide you with a summary of the PHI if you agree in advance to the summary. You may also be asked to pay a reasonable fee.

To inspect and copy the PHI that the Plans may use to make decisions about you, you must submit your request in writing to the Benefits Team via email at Allegion.USBenefits@allegion.com. If you request a copy of your PHI, the Plans may charge a fee for the costs of copying, mailing, or other supplies associated with your request. The Plans may deny your request to inspect and copy in certain very limited circumstances; if the Plans deny you access to your PHI, you may request that the denial be reviewed.

The Privacy Rule contains a few exceptions to this right. You do not have the right to inspect or copy, among other things, psychotherapy notes or materials that are compiled in anticipation of litigation or similar proceedings.

Amend PHI. You have the right to request an amendment to PHI that is in a “designated record set.” You have the right to request an amendment for as long as the PHI is kept by or for the Plan. To make such a request, you must contact the appropriate business associate that maintains your PHI.

You have the right to request an amendment to PHI maintained in a designed record set by the Plans. Your request must be in writing. To make such a request, please contact the Benefits Team via email at Allegion.USBenefits@allegion.com. The Plans may deny your request to amend your PHI if it is not in writing, does not include the reason(s) to support the request, the Plans did not create the PHI (unless the person or entity that created the information is no longer available to make the amendment), if the PHI is not part of the Plans’ records, if the PHI is not part of the information which you would be permitted to inspect and copy, or if the PHI is accurate and complete. All denials will be made in writing.

Accounting of Certain Disclosures. You have the right to receive a list (accounting) of certain disclosures (e.g., other than for treatment, payment, or health care operation purposes) of your PHI. To request a copy of the list, you must contact the appropriate business associate.

If the PHI was disclosed through an “electronic health record,” the accounting may include disclosures up to three years before the date of your request.

If the PHI was not disclosed through an “electronic health record,” the accounting may include disclosures up to six years before the date of your request.

You have the right to request an accounting of certain disclosures of PHI made by the Plans. Your request must be in writing. To make such a request, please contact the Benefits Team via email at Allegion.USBenefits@allegion.com.

The Plans will provide you with one free accounting each year. For subsequent requests, you may be charged a reasonable fee. The Plans will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

For those rights listed above for which you are advised to contact the appropriate vendor, please refer to the Summary Plan Description or your member ID for their contact information.

Right to be Notified of a Breach

You have the right to be notified in the event that the Plans (or a business associate of the Plans) discovers a breach of unsecured PHI.

Right to A Copy of Privacy Notice

You have the right to receive a paper copy of this Notice upon request, even if you agreed to receive the notice electronically. You may ask us to give you a copy of this Notice at any time. You may also obtain a paper copy of this Notice from the Benefits Team via email at Allegion.USBenefits@allegion.com.

Complaints

You may complain to the Plans or the Secretary of HHS if you believe your privacy rights have been violated. To file a complaint with the Plans, contact the Benefits Team via email at Allegion.USBenefits@allegion.com. The Plans will not retaliate against you for filing a complaint, and you will not be penalized in any other way for filing a complaint.

The Plans' Responsibilities

In addition to the responsibilities described elsewhere in this notice, the Plans are required by federal law (i) to keep your PHI private, (ii) to give you notice of the Plans' legal duties, privacy practices, and your rights concerning your PHI, and (iii) to follow the terms of the Notice currently in effect.

Additional Privacy Information for Substance Use Disorder ("SUD") Treatment

The Plans may receive and maintain SUD patient records protected under 42 C.F.R. part 2 for payment, treatment, and health care operations from a "Part 2 Program" (generally, a federally assisted program that provides substance use disorder diagnosis, treatment, or referral for treatment). The Plans may use and disclose those records for payment, treatment, and health care operations, as described in this notice, to the extent permitted by HIPAA and other applicable law (such as 42 C.F.R. part 2). The Plans may also use and disclose SUD patient records that constitute PHI for other purposes for which the Plans are permitted or required by the HIPAA Privacy Rule to use or disclose PHI without your written authorization, as described in this notice, to the extent permitted by HIPAA and other applicable law (such as 42 C.F.R. part 2).

The Plans are not SUD treatment programs. A Part 2 Program should provide you a notice of how it protects the confidentiality of your SUD patient records.

If the Plans receive your SUD treatment records from programs subject to 42 C.F.R. part 2, or testimony relating the content of such records, the Plans will not use or disclose those records or testimony in civil, criminal, administrative, or legislative proceedings against you unless you consent in writing, or a court orders the use or disclosure after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 C.F.R. part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

The Plans do not intend to use or disclose any records subject to 42 C.F.R. part 2 that they create or receive for fundraising purposes. If they do, you must first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

More Stringent Laws

Some state or other federal laws may require special privacy protections that further restrict the use and disclosure of certain sensitive health information. Where states or other federal laws offer you greater privacy protections, we will follow the more stringent requirements, if and to the extent applicable to the Plans. If a use or disclosure of PHI for purposes of treatment, payment, health care operations is prohibited or materially limited by other applicable law (such as 42 C.F.R. part 2), the Plans will follow that more stringent law if it is not preempted or superseded by federal law. Similarly, if a use or disclosure of PHI is for a purpose for which the Plans are permitted or required to make under the HIPAA Privacy Rule without your authorization, and such use or disclosure is prohibited or materially limited by other applicable law (such as 42 C.F.R. part 2), the Plans will follow that more stringent law if it is not preempted or superseded by federal law.

For example, more stringent federal laws include statutes and regulations that govern the confidentiality of certain substance or alcohol use or treatment. HIPAA identifies when a state law is more stringent. For example, some states may have laws that relate to uses and disclosures of health information concerning AIDS or HIV, alcohol and substance use, biometric information, child or adult abuse or neglect, domestic violence (intimate partner violence), mental (behavioral) health, developmental disabilities, genetic testing/information, reproductive rights, abortion, minors' rights, sexually transmitted infection information, or chemical dependency.

This Notice is Subject to Change

The terms of this Notice and the Plans' privacy policies may be changed at any time, provided that the change is permitted by applicable law. If changes are made, the new terms and policies will then apply to all PHI maintained by the Plans. The Plans reserve the right to have such a change affect all PHI they maintain, including PHI received or created before the change. If any material changes are made, the Plans will distribute a new notice to you.

Your Questions and Comments

If you have questions regarding this notice, please contact the Allegion Benefits Team at 844-623-9008/email at Allegion.USBenefits@allegion.com or the Global Privacy Team via email at dataprivacy@allegion.com.