

NOTICE OF INGERSOLL-RAND'S GROUP HEALTH PLANS' PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review this notice carefully.

Ingersoll-Rand Company and certain of its subsidiaries (“Ingersoll-Rand”) sponsor health and welfare benefit plans (the “Plans”). The Plans consider personal health information to be confidential. 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 medical plans sponsored by Ingersoll-Rand. Ingersoll-Rand has established a Privacy Office to ensure the protection of your health information. The Privacy Office can be reached via fax at (877) 797 – 2586.

The Plans are required by law to take reasonable steps to ensure the privacy of your health information and to inform you about:

- the Plans’ uses and disclosures of your health information;
- your privacy rights with respect to your health information;
- the Plans’ obligations with respect to your health information;
- any breach involving your unsecured health information;
- 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.

Effective Date of Notice: This notice is effective as of September 23, 2013.

How The Plans Use and Disclose Health Information

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

Uses and disclosures related to payment and health care operations. The Plans and their business associates may use your health information without your permission to carry out 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. The Plan Sponsor has amended its plans to protect your health information as required by federal law.

Payment includes but is not limited to 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 tell an insurer what percentage of a bill will be paid by the Plans.

Health care operations include but are not limited to underwriting (provided that 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 medical benefit claims information to conduct a review of the accuracy of how benefit claims are being paid. The Plans may also disclose your health information to providers to facilitate your treatment by them.

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

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

Disclosures for Public Health Activities:

Public Health Authorities: The Plans may disclose health information to public health authorities who need the information 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 disclose health information when there are problems with a product 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: The Plans may disclose health information 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 release your health information 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 health information to the Plan Sponsor 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 health information in a court or other type of legal 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 health information so that government 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.

Disclosures About Victims of Abuse, Neglect, or Domestic Violence. The Plans may disclose health information to appropriate authorities if we have reason to believe that a person has been a victim of abuse, neglect, or domestic violence.

Disclosures for Law Enforcement Purposes. The Plans may disclose health information to law enforcement 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 health information to appropriate persons or authorities if 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.

Uses or Disclosures in Situations Involving Decedents. The Plans may use or disclose health information to coroners, medical examiners, or funeral directors so that they can carry out their responsibilities.

Uses or Disclosures Related to Organ Donation. The Plans may disclose health information to organizations involved in organ donation or organ transplants.

Uses or Disclosures Relating to Research. The Plans may use or disclose health information for research purposes if the privacy of the information will be protected in the research.

Uses or Disclosures Related to Specialized Government Functions. The Plans may use or disclose health information to the federal government for military purposes and activities, national security and intelligence, or so it can provide protective services to the U.S. President or other official persons.

Uses or Disclosures for Law Enforcement Custodial Situations. The Plans may disclose health information to a correctional institution or a law enforcement official about a

person in a prison or other law enforcement custody situation for health, safety, and security reasons

Your Family and Friends: The Plans may disclose your protected health information to a family member, friend, or other person to the extent necessary to help with payment for your health care. You may object to such a disclosure by contacting the Privacy Office. If you are not present, or in the event of your incapacity or an emergency, we will use professional judgment in deciding whether disclosing your protected health information would be in your best interest

Uses and Disclosures Requiring Your Written Authorization. In all situations other than those described above, the Plans and their vendors will ask for your written authorization before using or disclosing your health information. For example, your authorization is required for most uses and disclosures of psychotherapy notes (if applicable), uses and disclosures for marketing purposes, and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your authorization. If you have given the Plans or their vendors an authorization, you may revoke it at any time, if the Plans or their vendors have not already acted on it. If you have questions, please contact the Privacy Office.

Your Privacy Rights

This section of the notice describes your rights with respect to your health information 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 health information for activities related to payment, health care operations and treatment. The Plans will consider, but may not agree to, such requests. To make such a request, you must complete a form available from the Privacy Office.

An entity covered by the Health Insurance Portability and Accountability Act (“HIPAA”) 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 vendors, 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 vendor that maintains your individual health information.

Copy of Health Information. You have a right to obtain a copy of health information 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 vendor. The vendors may provide you with a summary of the health information if you agree in advance to the summary. You may also be asked to pay a reasonable fee based on the Plans' copying, mailing, and other preparation costs.

Amend Health Information. You have the right to request an amendment to health information that is in a "designated record set." To make such a request, you must contact the appropriate vendor that maintains your individual health information. The Plans may deny your request to amend your health information if the Plans did not create the health information, if the information is not part of the Plans' records, if the information was not available for inspection or if the information is accurate and complete.

List of Certain Disclosures. You have the right to receive a list of certain disclosures (e.g., other than for treatment, payment, or health care operation purposes) of your health information. To request a copy of the list, you must contact the appropriate vendor. The Plans will provide you with one free accounting each year. For subsequent requests, you may be charged a reasonable fee.

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 health information.

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.

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 Privacy Office. You will not be penalized for filing a complaint.

The Plans' Responsibilities

The Plans are required by federal law to keep your health information private, to give you notice of the Plans' legal duties and privacy practices, and to follow the terms of the notice currently in effect.

This Notice is Subject to Change

The terms of this notice and the Plans' privacy policies may be changed at any time. If changes are made, the new terms and policies will then apply to all health information maintained by the Plans. 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 Privacy Office via fax at (877) 797 – 2586.