

**SUMMARY ANNUAL REPORT FOR  
STANLEY BLACK & DECKER, INC. HEALTH & WELFARE PROGRAM**

This is a summary of the annual report of the Stanley Black & Decker, Inc. Health & Welfare Program (Employer Identification Number 06-0548860, Plan Number 550) for the plan year 01/01/2023 through 12/31/2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Stanley Black & Decker, Inc. has committed itself to pay certain health, dental and vision claims incurred under the terms of the plan.

**Insurance Information**

The plan has insurance contracts with Anthem Health Plans, Inc., Cigna Health and Life Insurance Company, Eyemed Vision Care, Arag Insurance Company, Unum Life Insurance Company of America, Securian Life Insurance Company, Cigna Health and Life Insurance Company and Affiliates, Ace American Insurance Company, Life Insurance Company of North America, Kaiser Foundation Health Plan Inc, Kaiser Foundation Health Plan Inc., Hawaii Medical Service Association and Evernorth Behavioral Health, Inc. to pay certain health, prescription drug, indemnity contract, dental, HMO contract, vision, pre-paid legal, long-term disability, life insurance, accidental death and dismemberment, business travel accident, critical illness, hospital care, accidental injury, PPO contract and employee assistance program claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were \$20,432,421.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2023, the premiums paid under such "experience-rated" contracts were \$30,000 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$10,572.

**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 item listed below is 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 the office of Fiona J. Mohring, who is a representative of the plan administrator, at 1000 Stanley Drive, New Britain, CT 06053 and phone number, 860-225-5111.

You also have the legally protected right to examine the annual report at the main office of the plan: 1000 Stanley Drive, New Britain, CT 06053, 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. The annual report is also available online at the Department of Labor website [www.efast.dol.gov](http://www.efast.dol.gov).