



Summary Plan Description

Avnet, Inc. Employee Assistance Program

Effective: January 1, 2024



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Use of This Booklet

This booklet is both the plan document and summary plan description for the Counseling Component of the Avnet, Inc. Employee Assistance Program, which is a benefit under the Avnet Insured Plans (the “Plan”).

You will find terms starting with capital letters throughout this booklet. To help you understand your benefits, many of these terms are defined in the Glossary section of this booklet. However, other terms are defined in the section of this booklet where they are primarily used.

Plan Does Not Create a Contract of Employment

Nothing contained in this booklet shall be construed as a contract of employment between Avnet, Inc. (“Avnet”) (or any of its subsidiaries) and any employee or other individual. Nothing contained in this booklet shall limit Avnet’s right to discipline, discharge, or take action with respect to any employee or other service provider, with or without cause, at any time, or otherwise limit the employment-at-will relationship between Avnet and an employee or other service provider.

Patient Protection and Affordable Care Act

To the extent the Counseling Component is subject to the Patient Protection and Affordable Care Act (the “Affordable Care Act”), the Counseling Component is a “grandfathered health plan” under the Affordable Care Act. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrator at HRNow@avnet.com or 888-99-HR-NOW (994-7669). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Information about the Counseling Component

This booklet describes the Counseling Component of the Avnet, Inc. Employee Assistance Program (the "Counseling Component"). The Counseling Component provides confidential referral and counseling services for issues ranging from normal life transitions to mental health and substance abuse problems.

The Counseling Component offers assistance by telephone 24 hours a day, seven days a week, and provides sessions and referral counseling as outlined below. The benefits are provided through a contract with Workplace Options (WPO).

Types of Benefits

The Counseling Component is designed to provide psychological assessment, short term counseling, crisis intervention, and referrals to community resource centers and healthcare providers, when needed. Assistance is available for a range of issues, including the following:

- Mental, emotional, and psychological concerns
- Family, marital, and relationship problems
- Chemical dependencies and other compulsions
- Stress and job concerns

You may receive short-term counseling of up to six sessions per problem per year. In addition, you have access to telephone counseling and crisis intervention 24 hours per day, seven days per week.

To use the Counseling Component, call 833-902-8638 or log on to global.helpwhereyouare.com (password is Avnet).

When you contact WPO, it will be determined the appropriate intervention. WPO aims to offer in-the-moment, solution-focused counseling during the initial call. Immediately being able to utilize a single session of counseling support at your highest level of need and provide a tangible action plan following the end of a call. If you require additional support beyond the initial intervention, WPO provides you with the selected provider's contact information within two workdays of initial contact with the program (within one workday if urgent). The counselor will have availability for the first session within five days of this initial contact. If the request is for a face-to-face counseling referral, a best effort will be made to locate a counselor that meets your preferences of location and time.

If short-term counseling is not sufficient to address your concern, your EAP professional will provide you with a long-term/psychiatric referral.

WPO also offers the below specialized counseling programs:

- Computerized Cognitive Behavioral Therapy - A case-manager-assisted, self-help program that addresses mild to moderate anxiety, stress and depression. The online program educates users and suggests techniques and tasks designed to guide participant progress for positive, therapeutic outcomes.
- AWARE Mindfulness Program - Based on mindfulness-based, stress-reduction research and techniques from worldwide experts in the field. Participants will learn strategies to counteract stress, reduce distracted living, establish greater balance of body and mind and stimulate wellbeing and healing. Aware sessions consist of two parts: telephone sessions as well as electronic resources and support and following a standard six weekly session model.

Other EAP Services

Work-Life Services

In addition to the Counseling Component, WPO provides referral for various work-life services as outlined below:

- Child Care – Referrals for childcare providers and child activities including nanny agencies, day care centers, summer camps and more.
- Elder Care - Referrals are offered for all things related to caring for an older loved one or an adult with special needs, including residential care homes, in-home care, and carer support services.
- Legal - Referrals are offered to local attorneys to assist with family law, civil suits or tenancy issues. Participants are eligible for an up to 30-minute consultation with the attorney at no cost.
- Financial - Referrals are offered to local professionals to assist with financial queries, such as debt, budgeting and other finance-related issues. Participants are eligible for an up to 30-minute consultation with a financial professional at no cost.
- Daily Living - Referrals that do not fall into the previous categories but assist the participant in practical matters. Examples of these requests include housing, assistance with vacation planning and information on personal hobbies or education.

Life Coaching

WPO provides life coaches who partner with participants in a thought-provoking, creative process for navigating life transitions and maximizing personal and professional potential.

Website Services

Various types of informational content are provided through WPO's member-facing website, global.helpwheretheyouare.com (password is Avnet). Articles address topics such as balancing work and personal life, health and nutrition, bereavement, career development, aging, family life, and workplace safety.

Eligibility and Coverage

Eligibility for Benefits, When Coverage Begins

In general, you are eligible to participate in the Counseling Component if you are a U.S.-based employee of Avnet. Your coverage begins automatically when you start working for Avnet. If you are covered by the Counseling Component, certain family and household members will also be eligible to participate. WPO cannot offer individual EAP sessions to minors under the age of 8.

Temporary, contract and seasonal employees, independent contractors, and leased employees are not eligible for EAP services offered by WPO.

When Coverage Ends

Your coverage under the Counseling Component will end at the earliest of the following dates:

- 30 days after your Active Service ends, except as described below (subject to your right to continued coverage under COBRA);
- The date the EAP terminates; or
- The date you stop making any required contributions.

Coverage for family and household members ends when your coverage ends.

Leave of Absence or Disability

If your Active Service ends due to leave of absence or disability (such as injury or sickness), your coverage will be continued as follows:

- **Medical Leave** – Your coverage will be continued up to a maximum of one year while you remain totally and continuously disabled as a result of injury or sickness.
- **Family and Medical Leave Act** – To the extent required by the Family and Medical Leave Act of 1993, as amended (“FMLA”), your Counseling Component coverage will continue during any leave of absence that is covered by FMLA.
- **Military Leave** – To the extent required by the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended (“USERRA”), your Counseling Component coverage will continue during any qualified military leave of 30 days or less. For qualified military leaves of 31 days or longer, you may continue coverage until the earliest of the following:
 - the second anniversary of your last day of Active Service with Avnet;
 - the deadline for returning to work with Avnet after your qualified military service is considered over under USERRA;
 - the 30th day after any payment deadline, if you fail to make a required payment;
 - the date that your coverage would otherwise terminate under the Plan (such as for submitting a fraudulent claim); or
 - the date Avnet terminates all its group medical plans.

You may be charged for the cost of continuing coverage during a leave of more than 30 days. The charge may be up to 102% of the total premium cost for your coverage.

For more information, please refer to the military leave policy posted on HR Now.

- **Personal Leave** – Your Counseling Component coverage will continue during any approved personal leave for the period approved by your manager, up to a maximum of one year.

Claims and Appeals

Claims Procedures

In general, you may receive benefits under the Counseling Component by contacting WPO directly. You are not required to file a claim for benefits.

If you are unhappy with the service that you receive or you are unable to obtain service, you should contact WPO or send an email to HRNow@avnet.com. If you are not satisfied, you may file a claim under the Counseling Component’s claims procedures. If you wish, you may engage a representative to act on your behalf in the claims and appeals process.

You may not file a lawsuit against the Plan, Avnet, WPO, or any of their affiliates before you have exhausted the claims and appeals procedures.

Your claim should be filed with WPO at the following email address:

accessquestions@worldwideassist.co.uk

WPO will generally decide your claim within 30 days after it is received. WPO may extend the decision period for up to 15 additional days if it determines that matters beyond its control necessitate an extension. If this happens, you should be notified in writing before the end of the initial 30-day period.

If WPO cannot make a decision because it needs more information, you will receive a request for more information and you will have at least 45 days to provide the information. The period for deciding your claim will be put on hold until the earlier of (a) the date the information is received or (b) the deadline for providing the information. If you do not provide the information by the deadline, your claim will be decided without the additional information.

If your claim is denied in whole or in part, a notice of denial of your claim will include the following information:

- the reason or reasons for denial of the claim;
- reference to the Plan provision upon which the denial is based;
- a description of any additional material or information necessary to perfect the claim, along with an explanation of why the material or information is necessary;
- a description of the appeal procedures and applicable time limits;
- a statement of your right to bring a civil action under ERISA if the claim is denied upon final review; and
- if an internal rule, guideline, protocol, or other similar criterion was relied upon in making an adverse determination, a statement that a copy of the rule, guideline, protocol, or other similar criterion will be provided to you free of charge, upon written request.

If you have questions regarding a claim, please contact WPO at 833-902-8638. If your claim for benefits is denied in whole or in part, you can file an appeal with WPO, at the address shown above. Your appeal must be filed within 180 days after you receive a written notice of denial of the claim.

With your appeal, you should submit written comments, documents, records and other information supporting your claim. Upon request and free of charge, you have a right to receive reasonable access to, and copies of, all documents, records and other information relevant to your claim.

WPO will review your appeal, taking into account all comments, documents, records and other information that you submitted. WPOs' review will not defer to the initial adverse benefit determination.

In general, WPO will deliver a written decision to you within 60 days after it receives your appeal. If your appeal is denied in whole or in part, a notice of denial of your appeal will include the following information:

- the reason or reasons for denial of the appeal;
- references to the Plan provisions upon which the denial is based;
- a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim;
- a statement of your right to bring a civil action under ERISA; and
- if an internal rule, guideline, protocol, or other similar criterion was relied upon in making an adverse determination, a statement that a copy of the rule, guideline, protocol, or other similar criterion will be provided to you free of charge, upon written request.

Whether a document, record or other information is relevant for these purposes will be determined by WPO in its sole discretion, in accordance with applicable regulations.

Arbitration

To the extent permitted by law, any controversy between you and the Plan, Avnet, WPO, or any of their affiliates, arising out of or in connection with the Plan, including a claim under section 502(a) of ERISA, must be submitted to arbitration upon written notice by one party to another. Such arbitration shall be governed by the provisions of the Commercial Arbitration Rules of the American Arbitration Association, to the extent that such provisions are not inconsistent with the provisions of this section.

If the parties cannot agree upon a single arbitrator within 30 days of the effective date of written notice of arbitration, each party shall choose one arbitrator within 15 working days after the expiration of such 30-day period and the two arbitrators so chosen shall choose a third arbitrator, who shall be an attorney duly licensed to practice law in the applicable state. If either party refuses or otherwise fails to choose an arbitrator within the 15-working-day-period, the arbitrator chosen shall choose a third arbitrator in accordance with these requirements.

The arbitration hearing shall be held within 30 days following appointment of the third arbitrator, unless otherwise agreed to by the parties. If either party refuses to or otherwise fails to participate in such arbitration hearing, such hearing shall proceed and shall be fully effective in accordance with this section, notwithstanding the absence of such party.

The arbitrator(s) shall render his/her (their) decision within 30 days after the termination of the arbitration hearing. To the extent permitted by law, the decision of the arbitrator, or the decision of any two arbitrators if there are three arbitrators, shall be binding upon both parties conclusive of the controversy in question, and enforceable in any court of competent jurisdiction.

Period for Bringing a Legal Action/Governing Law

No legal action (including, but not limited to, filing a lawsuit or seeking arbitration) may be brought against Avnet, the Plan, WPO, or any of their affiliates, arising out of or in connection with the Counseling Component, after the earlier of: (A) 12 months after you have exhausted the claims and appeals process described above, or (B) 24 months after you were first notified in writing that the Counseling Component will not cover all or a portion of the claimed benefits that are the subject of your legal action. If the 24-month period would otherwise expire while you are still actively seeking resolution of your claim through the claims and appeals process, it will be extended for an additional 90 days until you have exhausted the claims and appeals procedures.

Choice of Law

The Counseling Component will be interpreted in accordance with the laws of the State of Arizona (excluding any choice of law rules that would otherwise point to the law of another jurisdiction), to the extent that those laws are not superseded by ERISA or any other federal law.

Payment of Benefits and Fees

Benefits

Benefits under the Counseling Component are provided by WPO. WPO retains the sole and exclusive obligation to provide benefits to you.

Premiums and Fees

Currently, Avnet pays the full cost for benefits under the Counseling Component. Avnet reserves the discretion to allocate all or part of the cost to you at any time.

Unfunded Plan

Avnet's obligations under the Counseling Component are not funded through contributions to a trust or otherwise. Nothing in this booklet gives you or your dependents any right, title, or interest in any property of Avnet.

COBRA Continuation Rights under Federal Law

This section contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Counseling Component. This section generally explains COBRA continuation coverage, when it may be available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"). COBRA continuation coverage can become available to you when you would otherwise lose your Counseling Component coverage. It can also become available to other members of your family who are covered under the Counseling Component when they would otherwise lose their Counseling Component coverage. For additional information about your rights and

obligations under the Counseling Component and under federal law, you should review this booklet or contact the Administrator listed at the end of this section.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Counseling Component coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this section. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Counseling Component is lost because of the qualifying event. Under the Counseling Component, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. In general, you will be charged 102% of the total cost for COBRA continuation coverage. You will receive cost information when you have a qualifying event.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Counseling Component because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Counseling Component because any of the following qualifying events happens:

- Your spouse dies,
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Counseling Component because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a “dependent child.”

When is COBRA Continuation Available?

The Counseling Component will offer COBRA continuation coverage to qualified beneficiaries only after the Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Administrator. You should use the address or phone number provided under “Plan Contact Information” at the end of this section.

How is COBRA Coverage Provided?

Once the Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA

continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-month Period of Continuation Coverage

If you or anyone in your family covered under the Counseling Component is determined by the Social Security Administration to be disabled and you notify the Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must notify the Administrator in writing of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. Failure to provide this notice within 60 days means that you may not be offered the COBRA disability extension.

Second Qualifying Event Extension of 18-month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Counseling Component. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Counseling Component as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Counseling Component had the first qualifying event not occurred.

If You Have Questions

Questions concerning the Counseling Component or your COBRA continuation coverage rights should be addressed to the Administrator listed at the end of this section. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act ("HIPAA"), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration ("EBSA") in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of regional and district EBSA offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Administrator.

Plan Contact Information
Benefits Administrator
Avnet, Inc.
2211 South 47th Street
Phoenix, AZ 85034
888-99-HR NOW (888-994-7669)

Privacy Rights under the Health Insurance Portability and Accountability Act (“HIPAA”)

WPO provides confidential services that are between just you and WPO. WPO does not share any protected health information with Avnet. WPO’s privacy policy can be found on their website at <https://workplaceoptions.com/privacy-policy/>.

Miscellaneous

Mistake and Indemnification of Avnet

In the event of a mistake as to your or your dependents’ eligibility or participation, the Administrator will make such adjustments as it, in its sole discretion, deems appropriate to correct the mistake. If the Administrator determines that coverage was incorrectly provided as a result of fraud or a material misrepresentation, your coverage will be rescinded retroactively.

If you or your dependents receive benefits under the Counseling Component and the Administrator determines that you or your dependents were not eligible to receive the benefits, you must reimburse Avnet or WPO (as determined by the Administrator) for the value of the benefits provided (to the extent that the benefits exceeded the benefits for which you or your dependents were eligible).

Qualified Medical Child Support Orders

To the extent required by law, the Plan will comply with any medical child support order that the Administrator determines is a Qualified Medical Child Support Order (“QMCSO”). To obtain a free copy of the procedures governing QMCSO determinations, please contact the Administrator at 2211 S. 47th Street, Phoenix, Arizona 85034 or 888-99-HR NOW (888-994-7669).

ERISA Required Information

<i>Name of Plan</i>	The Counseling Component is a benefit under the Avnet Insured Plans, which is the Plan referred to in this document.
<i>Plan Number</i>	702
<i>Type of Plan</i>	The Plan is an employee welfare benefit plan. The Counseling Component is an employee assistance plan.
<i>Plan Cost</i>	The cost of the Counseling Component is currently paid for by Avnet.
<i>Plan Sponsor</i>	Avnet, Inc. 2211 S. 47 th Street Phoenix, Arizona 85034 (480) 643-2000
<i>Employer Identification Number</i>	11-1890605

Plan Year	January 1 through December 31
Administrator	Avnet, Inc. 2211 S. 47 th Street Phoenix, Arizona 85034 (480) 643-2000
Agent for Service of Legal Process	The Plan Sponsor named above.
Office Designated to Consider the Appeal of Denied Claims	The WPO Claim Office responsible for this Plan.
Eligibility Requirements	The preceding pages set forth the eligibility requirements and benefits provided for you under this Plan.

Collective Bargaining Agreements

The Counseling Component is not currently maintained pursuant to a collective bargaining agreement. For more information, please contact the Administrator.

Discretionary Authority

As a contracted service provider, WPO retains discretion to interpret and construe the provisions of the Counseling Component, including the exclusive power to remedy ambiguities, inconsistencies, or omissions, and to apply the terms of the Counseling Component and to make factual determinations in connection with its review of claims under the Counseling Component. To the extent permitted by law, any interpretation of the Counseling Component by WPO that is made in good faith is binding on all persons.

The Administrator retains discretion to determine eligibility of individuals who wish to obtain coverage under the Counseling Component. To the extent permitted by law, any eligibility determination that is made by the Administrator in good faith is binding on all persons.

Modification, Amendment, and Termination of the Counseling Component

Avnet reserves the right, at any time and for any reason, to change or terminate benefits under the Counseling Component, to change or terminate the eligibility of classes of employees to be covered by the Counseling Component, to amend or eliminate any other Counseling Component term or condition, and to terminate the whole Counseling Component or any part of it. The procedure by which benefits may be changed or terminated, by which the eligibility of classes of employees may be changed or terminated, and by which part or all of the Counseling Component may be terminated, is through the unilateral action of the Avnet Leadership Team (ALT) or the Board of Directors of Avnet. No consent of any employee is required to terminate, modify, amend, or change the Counseling Component.

Termination of the Counseling Component will have no adverse effect on any benefits to be paid under the Counseling Component for any expense incurred or approved prior to the date the Counseling Component terminates.

Statement of Rights

As a participant in the Counseling Component you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information about the Counseling Component – ERISA Rights

- Examine, without charge, at the Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Counseling Component, including insurance

contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) for the Plan filed with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the Administrator, copies of documents governing the operation of the Counseling Component, including any insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) for the Plan and updated summary plan description. The Administrator may make a reasonable charge for the copies.
- Receive a summary of the annual financial report for the Plan. The Administrator is required by law to furnish each person under the Avnet Plan with a copy of this summary annual report.

Continue Group Health Plan Coverage

- Continue coverage under the Counseling Component for yourself, spouse, or dependents if there is a loss of coverage under the Counseling Component as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people responsible for the operation of the employee benefit plan. The people who operate your plan, called “fiduciaries,” have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents for the Counseling Component or the latest annual report for the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

In addition, if you disagree with the Administrator’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights under the Counseling Component, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court (subject to the rules under the heading entitled “Arbitration”). The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about the Counseling Component, you should contact the Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain

certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Glossary

Active Service. You will be considered in Active Service:

- on any of your employer's scheduled work days if you are performing the regular duties of your work.
- on a day that is not one of your employer's scheduled work days (e.g., a weekend or holiday) if you were in Active Service on your employer's last preceding scheduled work day.

Administrator. Avnet, Inc.

Counseling Component. The Counseling Component of the Avnet, Inc. Employee Assistance Program, as set forth in this document and amended from time to time.

ERISA. The Employee Retirement Income Security Act of 1974, as amended.

Exhibit A

Avnet Insured Plans Components and Designated Avnet Employees

The portions or components of the Avnet Insured Plans (the “Plan”) that provide or pay the cost of medical care, include:

- Kaiser Permanente Medical Plan (NoCal),
- Kaiser Permanente Medical Plan (SoCal),
- Avnet, Inc. Vision Service Plan, and
- Counseling Component of the Avnet, Inc. Employee Assistance Program.

The following classes of employees and other persons are hereby designated to perform Plan Administration Functions on behalf of the Plan:

Designated Employees (Job Title)
Director, Global Benefits
Benefits Specialists
Rewards Advisors
Global Well-Being Consultant

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