

T E S L A

**TESLA, INC.**  
**TRAVIS COUNTY ECONOMIC DEVELOPMENT PROGRAM**  
**ANNUAL COMPLIANCE REPORT**

PERFORMANCE YEAR: 2023  
REPORTING YEAR: MARCH 31, 2024  
PAYMENT YEAR: 2023

## **Introduction**

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OSHA

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Community Involvement and Participation

Tesla, Inc. (“Tesla”) has made progress in fulfilling its goal of building Gigafactory Texas into one of the most sustainable and productive clean energy manufacturing facilities in the world. In this report, Tesla details the wide-ranging work that its employees and partners have accomplished in 2023, and, most importantly, its commitment to the Travis County community.

## COMPANY PERFORMANCE REQUIREMENTS

### Compliance with Legal Requirements

- Section 4.1 – Tesla represents that it materially complied with all federal, state and local laws, rules, regulations, ordinances, and orders that were in effect during the reporting year

### OSHA

- Section 4.2 – Tesla continues to maintain open communication with OSHA, and Tesla has developed an approach to employee safety in conjunction with state and local agencies
- Section 4.7.3 – Tesla has provided a report specifying the number of injuries that have occurred in the performance of the construction of the Project in the annexed Exhibit A
- Section 4.7.3.1 – the General Contractors and their Subcontractors are contractually obligated to ensure that all employees performing construction activities on site have completed the required OSHA Level 10 and OSHA Level 30 construction safety training

### HUB Program

Details regarding HUB awards and outreach are set forth in the annexed Exhibit B

### Location and Ownership

- Section 4.5 – Travis Central Appraisal District (“TCAD”) parcel identification numbers are set forth in the annexed Exhibit C
- Section 4.5 – Total acres for eligible TCAD parcels comprise 2513.0686 acres as shown in the annexed Exhibit D
- Section 4.5 – Proof of ownership – the deeds were provided in the 2020 Annual Report
- Section 4.5 Affirmations – Tesla affirms the following:
  - No change in ownership occurred in any eligible parcel during the report year
  - No additional land used to develop the Project was owned by anyone other than Tesla or its Affiliates during report year
  - No eligible real property was situated in an improvement project financed by tax incremental bonds during report year
  - No eligible real property was owned or leased by or from any member of the Commissioner’s Court during report year
- Section 4.6 – Total documented investment in eligible property as of December 31, 2023:

Real Property Investment	Business Property Investment	Total Investment
\$ 2,079,472,515	\$ 2,298,867,761	\$ 4,378,340,276

**COMPANY  
PERFORMANCE  
REQUIREMENTS**

**Construction of Gigafactory Texas**

- Section 4.7.1 – Tesla represents that, during the report year, all construction was either carried out in compliance with permits and other authorizations necessary or immediately brought the Project into compliance
- Section 4.7.2 – Details regarding the Green Energy initiatives are set forth in the annexed Exhibit C
- Section 4.7.3 – The Owner Controlled Insurance Plan is set forth in the annexed Exhibit E
- Section 4.7.4 – Tesla instructs all contractors and subcontractors engaged directly by the Company or its Affiliates in the construction activities at the Gigafactory that they are required to provide the minimum hourly wage in effect during the report year to their employees
- Section 4.7.5 – Tesla continues to interact with and recruit from non-profit and governmental organizations as detailed in the annexed Exhibit F, including:
  - Skillpoint Alliance
  - American YouthWorks
  - Workforce Solutions Capital Area
  - Austin Community College
  - Huston Tillotson University
  - Texas Workforce Solutions
  - Travis County Justice Planning Workforce

**Operation of Gigafactory Texas**

- Section 4.8 – Employment Schedule

Data Type	Performance Year	Existing Jobs	New Jobs – Entry Level	New Jobs – Skilled	New Jobs – Management	Total New Jobs
Agreement	2023	5,096	3,239	1,456	306	5,001
<b>Actual</b>	<b>2023</b>	<b>12,277</b>	<b>7,200</b>	<b>2,175</b>	<b>1,125</b>	<b>10,500</b>

- Section 4.9
  - Total Employees in Greater Austin Area:
    - Employees – 22,777
    - Percent of Travis County Residents: 50%
    - Average Wage per Hour – New Employees: \$30.14
    - Average Wage per Hour – All Employees: \$35.75
  - Section 4.9.3.2 – Average annual compensation is at least \$47,147 for all full-time employees for the report year
  - Section 4.9.3.3 – Tesla instructs all contractors and subcontractors providing food services and janitorial services that each employee working at the Gigafactory be paid a minimum of \$15.00 per hour
  - Section 4.9.4 – See response above for section 4.7.5 and annexed Exhibit F
  - Sections 4.9.6 and 4.9.7 – Tesla provides health benefits, parental leave and other benefits as detailed in annexed Exhibit G



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**EXHIBIT A**  
Injury Chart

## Injury and Illness at Colorado River Project 2023

	<b>OSHA Recordables</b>	<b>ASTM Injuries</b>	<b>Workhours</b>	<b>TRIR</b>	<b>ASTM Rate</b>
<b>Tesla</b>	1082	158	38.7M	5.6	4.08
<b>Construction Contractors</b>	78	40	4.3M	3.63	9.30



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**EXHIBIT B**  
Annual HUB Participation Report

T E S L A

**TESLA, INC.**  
**GIGAFACTORY TEXAS**  
**ANNUAL HUB PARTICIPATION REPORT**

**JANUARY 1, 2023 THROUGH DECEMBER 31, 2023**

Tesla is proud that we exceeded cumulative HUB awards of \$100,000,000 since breaking ground on Gigafactory Texas. Tesla is deeply committed to the local Austin community and to providing Historically Underutilized Businesses (“HUBs”) the opportunity to participate in the construction of Gigafactory Texas. This project enhances Tesla’s ability to provide a full range of manufacturing opportunities, as well as the expansion of projects related to any support functions, as applicable.

Tesla monitors and continuously strives to increase HUB participation by undertaking Good Faith Efforts (“GFEs”) to ensure that HUBs have the opportunity to participate at Gigafactory Texas as direct contractors and consultants. Tesla has asked its contractors and consultants to undertake GFE as well, to encourage HUB participation with subcontractors and subconsultants.

This report outlines Tesla’s HUB Supplier efforts and achievements in accordance with the agreement between Travis County and Tesla, Inc. (Colorado River Project, LLC). The reporting period reflected is January 1, 2023 through December 31, 2023.

All terms are defined in the Agenda to align with the nomenclature of the Agreement.

## Report Summary

Tesla is submitting this annual HUB Program participation report to capture the acquisition of construction, support, and indirect materials and services. The suppliers reported have certifications from the State of Texas, City of Austin, Texas Unified Certification Program (TUCP), South Central Texas Regional Certification Agency (SCTRCA), Corpus Christi Regional Transportation Authority (CCRTA), North Central Texas Regional Certification Agency (NCTRCA), City of Houston, Office of Business Opportunity (OBO), or Texas Department of Transportation (TDOT) as HUBs, Disadvantaged Business Enterprises (DBE), Minority and Woman Owned Businesses (M/WBE), and similar designations (e.g. SGE, etc.) during the entire or partial reporting period. This report also outlines Good Faith Efforts (GFE) during the reporting period to provide opportunities for diverse supplier participation.

The HUB Supplier Participation section highlights awards granted to Tesla's contractors, consultants, subcontractors, and subconsultants. Awards are summarized by HUB eligibility group and work category.

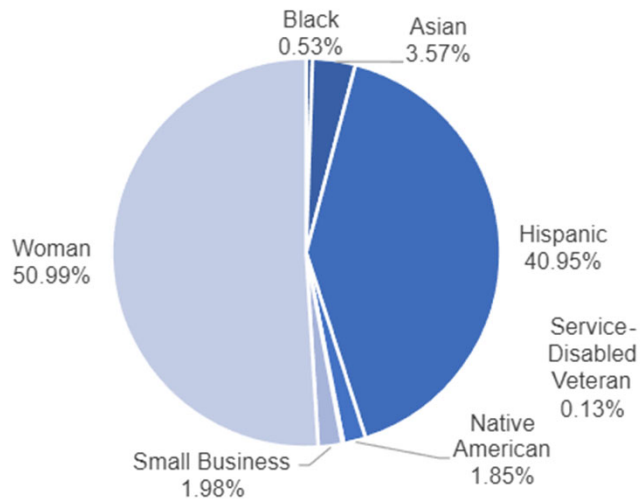
The Good Faith Efforts (GFE) section details Tesla's community involvement and participation during the report period.

## HUB Supplier Participation

### Awards

The following section shows work awarded to contractors and subcontractors based on total payment dollar amount during the reporting period and the number of Purchase Orders or agreements associated with payments.

Total Count (#) of Awards	757
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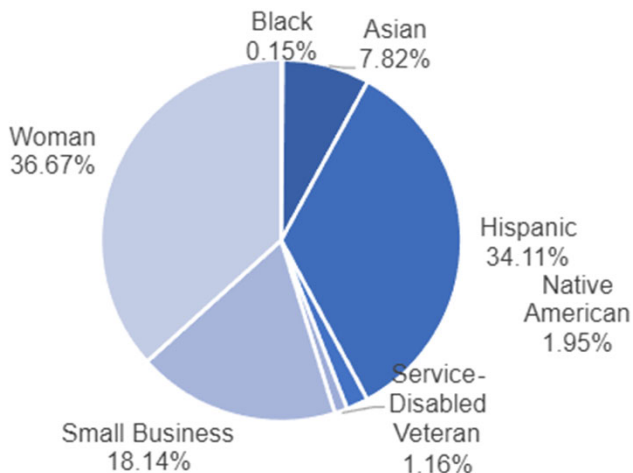
### Total Count (#) of Contracts Awarded

HUB Eligibility Group	# of HUB Awards	% of Total Amount Awarded
Asian	27	3.6%
Black	4	0.5%
Hispanic	310	41%
Native American	14	1.9%
Service-Disabled Veteran	1	0.1%
Small Business	15	2%
Woman	386	51%
Grand Total	757	100%

# HUB Supplier Participation

## Summary

Total Value (\$) of Awards	\$42,686.278
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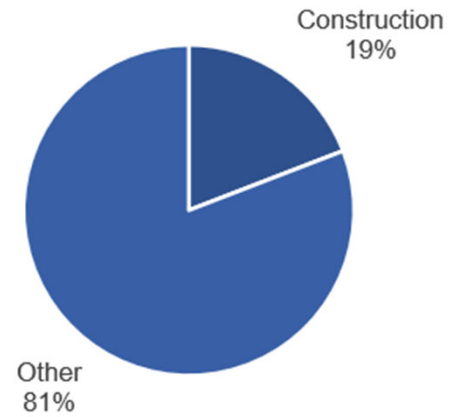
## Total Value (\$) of Contracts Awarded

HUB Eligibility Group	\$ of HUB Awards	% of Total Amount Awarded
Asian	\$ 3,337,723	7.82%
Black	\$ 66,080	0.15%
Hispanic	\$ 14,558,657	34.11%
Native American	\$ 834,298	1.95%
Service-Disabled Veteran	\$ 493,570	1.16%
Small Business	\$ 7,741,820	18.14%
Woman	\$ 15,654,130	36.67%
Grand Total	\$ 42,686,278	100%

# HUB Supplier Participation

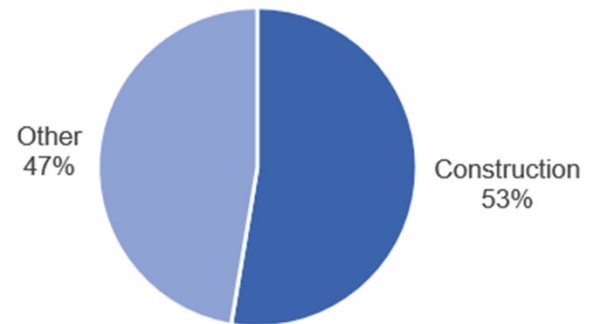
## Total Count (#) of Contracts Awarded

Type of Work	# of HUB Awards	Awarded
Construction	145	19%
Other	612	81%
Grand Total	757	100%



## Total Value (\$) of Contracts Awarded

Type of Work	\$ of HUB Awards	% of Total Amount Awarded
Construction	\$ 22,470,214	52.6%
Other	\$ 20,216,064	47.4%
Grand Total	\$ 42,686,278	100%

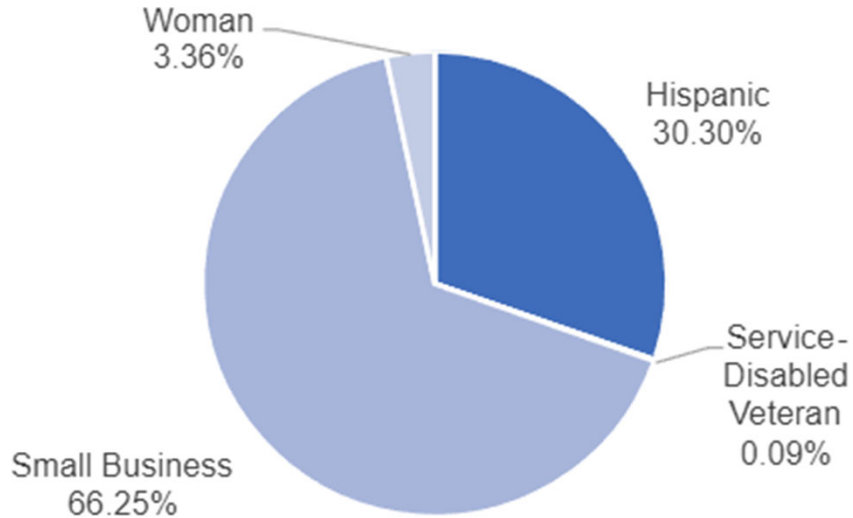


Awards are based on the total invoice dollar amount posted for payment during the reporting period and the number of purchase orders or agreements associated with the posted invoices directly paid by Tesla.

## Subcontractors and Subconsultants

### Summary

Total Value (\$) of Awards	\$9,140,418
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### Total Value (\$) of Contracts Awarded

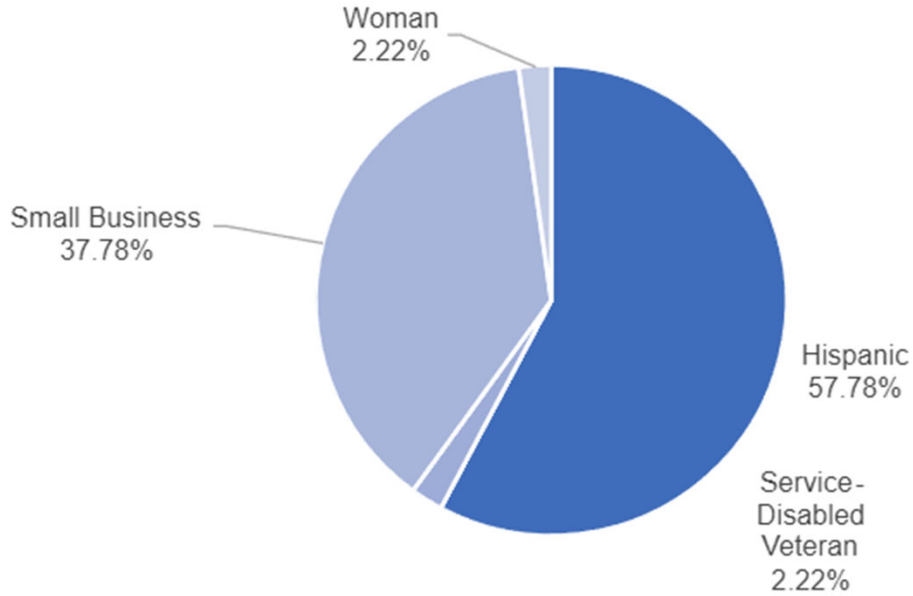
HUB Eligibility Group	\$ of HUB Awards	% of Total Amount Awarded
Hispanic	\$2,769,860	30.30%
Service-Disabled Veteran	\$7,875	0.09%
Small Business	\$6,055,942	66.25%
Woman	\$ 306,741	3.36%
Grand Total	\$ 9,140,418	100%



## Subcontractors and Subconsultants

### Summary

Total Count (#) of Awards	45
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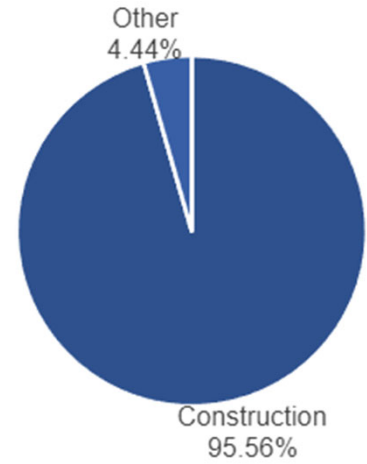
### Total Count (#) of Contracts Awarded

HUB Eligibility Group	# of HUB Awards	% of Total Amount Awarded
Hispanic	26	57.78%
Service-Disabled Veteran	1	2.22%
Small Business	17	37.78%
Woman	1	2.22%
Grand Total	45	100%

## Subcontractors and Subconsultants

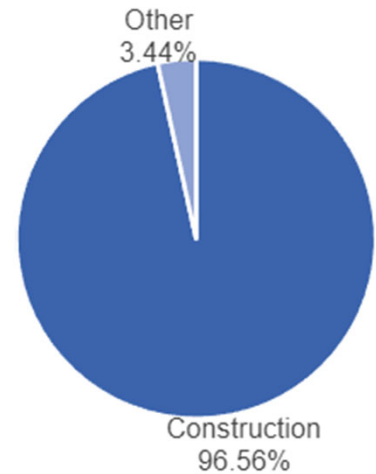
### Total Count (#) of Contracts Awarded

Type of Work	# of HUB Awards	% of Total Amount Awarded
Construction	43	95.56%
Other	2	4.44%
Grand Total	45	100%



### Total Value (\$) of Contracts Awarded

Type of Work	\$ of HUB Awards	% of Total Amount Awarded
Construction	\$ 8,825,892	96.56%
Other	\$ 314,616	3.44%
Grand Total	\$ 9,140,418	100%



Awards are based on the total invoice dollar amount posted for payment during the reporting period and the number of purchase orders or agreements associated with the posted invoices directly paid by Tesla.

## Good Faith Efforts

Tesla GFE within the Austin community continues to be centered around the expansion of Tesla's network of HUB and diverse suppliers to support Gigafactory Texas, as well as educating and recruiting local students and graduates, both of which are pivotal to Tesla's priorities in Travis County and surrounding areas.

Tesla held in-person meetings with six different Austin area minority suppliers and Small Business Chambers of Commerce/Councils for in-depth learning sessions on their capabilities and how to leverage them to increase HUB supplier participation this year.

As well, in 2023 Tesla became a corporate member of the Southwest Minority Supplier Development Council (SMSDC), which is a multi-stakeholder organization headquartered in Austin. SMSDC is focused on minority-owned business advocacy, development, certification and connection – representing all minority groups. Joining SMSDC as a corporate member supports ongoing efforts to identify and increase spend with HUB suppliers.

Tesla worked to implement training and apprenticeship programs alongside Austin Community College, including an entry-level START manufacturing program. Tesla leadership also partnered with Huston Tillotson University (HTU) to provide Tesla Engineering Program curriculum consultations. During this time, Tesla also recruited and accepted employee applications with the help of organizations like Skillpoint Alliance and Digital Workforce Academy.

In 2023, Tesla committed to investing in and awarding partial scholarships to two incoming freshmen within the newly established Mechanical Engineering (ME) program at HTU. This scholarship focused program, fully funded by Tesla, will provide four years of financial scholarships to incoming HTU freshmen enrolled in the Mechanical Engineering program. Each scholar will receive \$7,500 per year for four years.

Tesla hired over 250 interns from Texas schools into Texas-based Tesla operations in 2023. Additionally, Tesla hired over 350 interns from Texas-based schools into Tesla operations outside of Texas in 2023.

In 2023, Tesla recruiters, business leaders, and engineers engaged with student organizations and faculty at 12 Texas universities to understand the groups we want to target for future collaboration and job opportunities. This planning led to the collection of over 5,400 applications in total.

## **Conclusion**

Tesla continues to promote purchasing policies, programs and processes to engage HUB suppliers. We operate and source from all types of communities and want to make sure that everyone has access to economic development opportunities in the sustainable energy future. We want to ensure that we are getting the best people and suppliers. This HUB Program will continue to evolve as Gigafactory Texas is built, equipped, and refines operations.



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# **EXHIBIT C**

## Green Building Initiatives

## **Gigafactory Texas - Green Building Initiatives**

### **EV Charging**

Tesla continues to grow its EV charging stations network at its Gigafactory (“Giga”) Texas site to encourage and promote the usage of EVs. To date, 108 superchargers and 251 destination chargers have been installed at Giga Texas.

### **Beneficial Open Space**

#### **Ecological Restoration Pilot Project**

Tesla took the initiative to restore a 60-acre area along its secondary access road “River Road” and the Colorado River as its first Ecological Uplift Pilot Project. The soil was heavily depleted and unable to support plant growth due to its historical usage of agriculture between 1700s-2000 and industrial mining between 2000-2019. Tesla’s ecological restoration for the Pilot Project included Soil Amendment, Tree Planting, Native Seeding, Invasive Species Clearing, Shallow Water Habitat Grading. The current progress to date is listed below:

- Amended soil for 63 acres along Co. River (220 truckloads, 11k cubic yards of composting)
- 800 trees planted, 30+ native species (50% complete)
- Invasive Species Clearing of 30 acres
- Native seeding on 63 acres
- Shallow Water Habitat Grading (100% complete)

#### **Preserved Undeveloped Space**

Tesla’s Giga Texas site consists of approximately 2,500 acres of land which were mostly undeveloped since historical mining activities before the Manufacturing Facility construction began. Tesla has preserved approximately 500 acres of undeveloped space consisting of woodland, river, creek, mining pits. Many issues have been identified due to historical mining activities onsite such as depleted soil, steep slopes, lack of vegetation, erosion, etc. Tesla is working on a Land Management Plan that documents the problem areas and guidance/solution on improvements and best practices in land management. These areas have begun to show signs of native wildlife returning to the area.

### **Renewable Energy / Innovative Energy Saving Strategies**

#### **Solar Panel Energy Generation**

The GFTX Main Building's Phase 1 solar roof was energized in February 2023. The total energy generated by solar in 2023 was 900 MWh. With additional PV coming online from Phase 1, the total generated solar energy is expected to be about 15 MW. GFTX Phase 2 and the Cathode projects are next, with a combined solar generation capacity of 26.8 MW.

#### **Energy Storage & Grid Stabilization – Megapacks**

Tesla completed construction for a Battery Energy Storage System with a total storage capacity of 125 Megawatts and awaiting approval for its usage to provide stability to the grid and backup energy storage for the Giga Texas factory.

## Building Water Reductions

### Reclaimed Water

Tesla installed a reclaimed water meter used for all irrigation west of SH130, thus eliminating potable water for irrigation in that area.

### Rainwater Harvesting

Tesla has constructed a rainwater harvesting system to store 500,000 gallons (about 1,892,705 L) of rainwater beneath Giga Texas Factory building. The collected rainwater will be pumped, filtered, and treated to be used for cooling water makeup and is projected to offset 13.3M gallons (about 50,231,657 L) of potable water per year.

### HVAC Condensate Collection and Reuse – PLANNED

Utilizing the rainwater tank infrastructure and water treatment, Tesla prioritizes HVAC condensate collection to further offset domestic potable water demand for cooling towers where possible. HVAC Condensate normally drains to the sanitary sewer system; by collecting and reusing condensate, we eliminate this sewer volume and the metered fees as well. Currently under design, Tesla is designing a network of condensate piping mains, pumps, and sensors to facilitate an additional offset of a projected 13.6M gallons (about 51,571,693 L) of potable water per year.

### Plumbing Fixture Selection

Water use can be reduced by smart selection of plumbing fixtures used throughout Giga Texas every day. Tesla has chosen the following as a site standard for flow and flush volumes effortlessly reducing water consumption at its source.

<b>GIGA TEXAS PLUMBING FIXTURE POTABLE WATER REDUCTION</b>					
Fixture Type	GFTX Tesla Flow Max	IPC/UPC Code Flow Max	GFTX % Reduction Over IPC/UPC Code	COA Code Flow Max	GFTX % Reduction Over COA Code
Toilet (GPF)	1.10	1.60	31%	1.28	14%
Urinal (GPF)	0.125	1.00	88%	0.50	75%
Public lavatory (GPM)	0.35	0.50	30%	0.50	30%
Kitchen faucet (GPM)	1.50	2.20	32%	2.20	32%

GPF = gallons per flush; GPM = gallons per minute; IPC = International Plumbing Code; UPC = Uniform Plumbing Code; COA = City of Austin

The Tesla Site has chosen toilet (1.1gpf) and urinal (0.125gpf) flush valves that are durable and reduce the daily potable water demand and sewer loading. The selected valves are rated for non-potable water to allow utilization of site non-potable water or city of Austin reclaim water in the future without reduction in performance. Should Tesla decide to use alternate water sources for toilet and urinal flushing, the water distribution piping within toilet and urinal chases have been designed to minimize retrofit costs of potable to non-potable water use which further minimizes Tesla's potable water footprint.



<b>OVERALL PLUMBING FIXTURE ANNUAL POTABLE WATER REDUCTION (%)</b>					
Occupant load	Tesla Fixture Use (GAL)	IPC/UPC Baseline Fixture Use (GAL)	GFTX % Reduction Over IPC/UPC Code	COA Baseline Fixture Use (GAL)	GFTX % Reduction Over COA Code
1000	1,177,125	2,007,500	41%	1,591,400	26%
2500	2,942,813	5,018,750		3,978,500	
5000	5,885,625	10,037,500		7,957,000	
7500	8,828,438	15,056,250		11,935,500	
10000	11,771,250	20,075,000		15,914,000	
12500	14,714,063	25,093,750		19,892,500	
15000	17,656,875	30,112,500		23,871,000	
GAL = Gallons; IPC = International Plumbing Code; UPC = Uniform Plumbing Code; COA = City of Austin					

**Stormwater Management**

**Reducing Impact by creating construction material sourcing - Onsite Storm Pipe Fabrication**

Due to the site's size and volume stormwater runoff that needed to be managed, large storm drainage piping was required to meet drainage flow requirements. In this situation, the most common industry standard would have been to utilize large reinforced concrete pipe (RCP). The Tesla team had originally contemplated as large as 12'x8' RCP culverts. These are manufactured in plants outside of Travis County and due to transportation weight restrictions, very few can be loaded and transported at a time requiring frequent deliveries and challenging logistics. After evaluating multiple alternate pipe material, the Tesla engineering team chose to redesign the drainage network to utilize an innovative Aluminized Steel Pipe which could be manufactured in large diameters. The Tesla team worked with the manufacturer to have 1 of 2 existing mobile fabricating machines brought to the site so that the pipes could be manufactured at the site instead of the nearest manufacturing plant. Tesla fabricated over 17,000 linear feet of storm pipe (largest size 96-in diameter) onsite which resulted in the reductions of an estimated 284 truckload deliveries and 6,625 gallons of diesel fuel to date.

**Green Stormwater Management Facilities (ponds)**

Two green storm water management facilities have been provided to treat and control storm water runoff from the main factory and adjacent roadways and parking lots. A large wet pond designed to meet City of Austin standards was provided on the south side of the factory. The wet pond is designed to control the runoff from the 2-YR storm to predeveloped conditions and treat the runoff from 129.5 acres of new impervious cover. Storm water treatment and for the east portion of the main factory site is provided by a biofiltration pond designed to meet City of

Austin standards to control the runoff from the 2-YR storm to predeveloped conditions and treat the runoff from 37.5 acres of new impervious cover.

**Preserved Water Retention Areas / Shallow Water Habitats**

In part of Tesla's effort to further engage the full potential of preserved undeveloped space, Tesla has been studying the existing mining pits onsite and identified many advantages of utilizing these pits as water treatment facilities. The mining pits would function as infiltration facilities and remove more pollutants such as COD, EC, Pb, TN, and TP, manage storms much larger than the city requires, and provides groundwater recharge while preserving more undisturbed areas onsite.

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**EXHIBIT D**  
TCAD Parcel Listing



# Property Search

Compound Text Search

2023



SEQ	Year	PropID	Type	GEO ID	Owner Name	ARB Hearing	Property Address	City	Legal Description	Market Value	Appra
1	2023	288619	R	0307410227	COLORADO RIVER PROJECT LLC		13101 HAROLD GREEN RD		ABS 15 SUR 17 HORNSBY R ACR 442.9350	\$4,598,810	
2	2023	288630	R	0307410239	COLORADO RIVER PROJECT LLC		STATE HY 130		ABS 15 SUR 17 HORNSBY R ACR 18.0823	\$616,435	
3	2023	288653	R	0307500115	COLORADO RIVER PROJECT LLC		F M RD 969		ABS 9 SUR 16 DUTY J ABS 5 SUR 33 BURLESON J ACR 64.4950	\$2,809,402	
4	2023	292257	R	0315410104	COLORADO RIVER PROJECT LLC		S F M RD 973		ABS 9 SUR 16 DUTY J ACR 1699.157	\$1,687,383,479	
5	2023	706372	R	0202410511	COLORADO RIVER PROJECT LLC		N F M RD 973		ABS 15 SUR 17 HORNSBY R ACR 223.4870	\$2,234,870	
6	2023	946253	R	0314360145	COLORADO RIVER PROJECT LLC		S F M RD 973		ABS 15 SUR 17 HORNSBY R ACR 0.0930	\$18,600	
7	2023	288566	R	0307310304	COLORADO RIVER PROJECT LLC		11351 PLATT LN		ABS 15 SUR 17 HORNSBY R ACR 64.8193	\$618,818	
8	2023	747847	R	0202410229	COLORADO RIVER PROJECT LLC		BLUE BLUFF RD		ABS 15 SUR 17 HORNSBY R ACR 1.8300 (PRORATE 1/1/23 TO 3/3/23)	\$3,137	
9	2023	987786	R	0307310304	STATE OF TEXAS		PLATT LN		ABS 15 SUR 17 HORNSBY R ACR 3.1157 (PRORATE 1/1/23 TO 2/2/23)	\$60,532	



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**EXHIBIT E**  
Owner Controlled Insurance Plan (“OCIP”) Manual

Workers' Compensation Owner Controlled  
Insurance Program ("WC OCIP")  
Insurance Manual

Tesla, Inc.

**Tesla Gigafactory Texas Project Code:  
GIGATX**

**Important: When enrolling online insert project code above.**

Presented By:  
Gallagher Construction Services

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## An Introduction to the OCIP Program

Tesla, Inc. (“Tesla”) has elected to implement an Owner Controlled Insurance Program (“OCIP”) for this Project. The OCIP provides Workers Compensation coverage for Tesla and all enrolled and eligible Contractor(s) and Subcontractors of Any Tier while working on this Project as defined below. The purpose of this Manual is to guide you through the insurances provided through the OCIP and to provide you instruction on enrollment into the OCIP and your responsibilities and obligations as an insured under the OCIP. Please ensure that you take the time to review and understand the OCIP.

### What is an OCIP?

An OCIP is a centralized insurance and claims management program pursuant to which Tesla procures insurance coverages on behalf of Tesla, and all enrolled Contractor(s) and Subcontractors of Any Tier while performing work at a construction project site. The primary goal of the OCIP is to centralize the workers’ compensation insurance for risks arising out of the Project’s construction and to respond to covered workers’ compensation claims in a unified fashion.

### Major benefits

- Uniformity of coverage terms and conditions
- Insurance costs will not increase for Contractor(s) and Subcontractors of Any Tier during the project
- Reduces coverage disputes, litigation and subrogation traditionally inherent in construction claims
- Immediate Insurer response for jobsite accidents
- One Insurer for all claims

### Subcontractor Enrollment

All Subcontractors and lower tier Subcontractors for each contract issued MUST enroll online through the Gallagher Contractor Portal <http://ajg.vuewrapup.com/contractorportal>. Each Subcontractor will receive a Certificate of Insurance listing them as a Named Insured and specifying the job name and Tesla’s project number.

Enrollment into the OCIP is mandatory for all eligible Contractor(s) and Subcontractors of Any Tier, except for those deemed excluded from participation per Tesla or scope of work as listed on page 3 below. Enrollment in the OCIP will not be extend to environmental subcontractors, subcontractors working under a Professional Services Agreement (PSA), Construction Staking and Surveying Agreement, or other similar professional services only agreement.



## Insurance Coverage Provided by the OCIP

Tesla will provide the following insurance to all enrolled Contractor(s) and Subcontractors of Any Tier under the program.

**(a) Workers' Compensation Insurance:**

Coverage A - Statutory limits

Coverage B - Employer's Liability limits of:

Bodily Injury by Accident	\$1,000,000 Each Accident Bodily
Injury by Disease	\$1,000,000 Each Employee Bodily
Injury by Disease	\$1,000,000 Policy Limit

**(b) Evidence of Insurance:**

Arthur J. Gallagher & Co. will issue certificates of insurance evidencing coverages provided under the OCIP to each Insured. The certificate of insurance and insurance policy will include a 60-day notice of cancellation clause except for non-payment of premium.

This OCIP is for Workers' Compensation Coverages only. The coverages under this program do not include all insurance needed by Contractor(s) and Subcontractors of Any Tier. For example, the program does not include Commercial General Liability and Excess/Umbrella liability coverages. Workers' Compensation coverage applies only to the operations of and for each Insured at the Project Site. They do not apply to the operations of any Insured in their regularly established main or branch office, factory, warehouse, or similar place. Please see the Program Eligibility section for complete details.

**(c) Workers' Compensation – Review Policy for all Terms and Conditions**

- Workers Compensation and Employers Liability Insurance Policy
- State Mandatory Forms
- US Treasury Departments Office - OFAC
- Employers Liability Coverage Endorsement
- Waiver of our right to recover from others
- Designated Workplace Endorsement

**(d) Program Term: 1/1/2022-1/1/2023**

**(e) Insurance Carrier:** Zurich American Insurance Company

**(f) Credit Calculation:** This is a Net Bid job so all bid prices should exclude the insurance provided by the OCIP. Gallagher Construction Services, the OCIP Administrator on behalf of the Owner, has the right to collect and track each Contractor(s) and Subcontractors of Any Tier cost of insurance upon request. The online enrollment form must be completed and submitted to Gallagher before any on-site work can begin.

**(g) Change Orders:** The OCIP applies to Change Order work in the same manner as to the base work. As such, change orders should be priced by the enrolled Contractor(s) and Subcontractors of Any Tier to exclude the cost of OCIP provided coverages.

***This Summary is not intended to amend or alter any provisions of the actual insurance policies. If a conflict should occur, the insurance policies shall govern. Each enrolled Contractor(s) will receive their own workers' compensation policy.***

## Program Eligibility

All qualified Contractor(s) and Subcontractors of Any Tier whose employees perform actual on-site construction labor or staffing agencies that provide personnel assigned construction duties at the Project (collectively referred to herein as a “Contractor”) are required to participate in the OCIP and follow through with the enrollment and participant responsibilities as noted throughout this Manual.

Prime Contractors are responsible for ensuring the enrollment of all eligible lower tier subcontractors before any on-site work begins. If you or your lower tier subcontractors have not completed the online enrollment and have not received confirmation of enrollment from Gallagher Construction Services prior to beginning work, no coverage will be afforded.

Failure to enroll or supply all of the requested insurance documents listed in this manual, or failure to ensure enrollment of lower tier subcontractors will also result in the withholding of progress payments until these requirements are met.

### Coverage Trigger

Coverage will begin the date you receive confirmation of enrollment and is contingent on a properly completed OCIP Online Enrollment. Once your enrollment has been completed, you will receive a Certificate of Insurance confirming the coverage from Gallagher Construction Services. It is your responsibility to complete and submit all enrollment materials before you begin work on the project.

*Payroll must be submitted monthly to Gallagher Construction Services by the 10<sup>th</sup> of every month. Failure to provide payroll information on time will result in future payments being withheld until such payroll is received.*

### Ineligible Parties

Some subcontractors may not be eligible to participate, at Tesla’s discretion. It is your responsibility to contact Gallagher and confirm your eligibility before you begin work on the Project.

Not everyone will be a participant. For example, the following are ineligible for the program: Contractor(s) and Subcontractors of Any Tier that are:

- Vendors, including equipment manufacturers, foreign or domestic, coming onsite to assemble equipment.
- Equipment manufacturers, including foreign vendors, furnishing and installing their own equipment when that installation does not involve altering the structure of the building.
- Suppliers of materials
- Off-site fabricators with no on-site installation
- Others who merely transport, pick up, deliver or carry materials, personnel, parts or equipment or any other items or persons to or from the project site
- Hazardous Material Abatement
- Professional Services such as consultants, designers, surveyors, testing companies
- Staffing agencies/contingent staff providers who provide personnel that are assigned to duties outside of construction such as manufacturing, production, janitorial, professional services
- Please see the decision tree on page 8 for further guidance on eligibility

**If you are uncertain whether your firm will be a participant in this program, or to confirmation your eligibility, please contact Gallagher Administration and Tesla Project Contact Jessica Munoz .**

## Enrollment Responsibilities Flow Chart

#	Action Item	Responsibility
1	Distribute Manual to prospective Contractor(s) and Subcontractors of Any Tier	Tesla and/or Gallagher
2	Send Manual to your Insurance Agent/Broker for assistance, if necessary, in completing the <b>Online Enrollment</b> .	Contractor(s) and Subcontractors of Any Tier
3	Distribute Manual to prospective lower tier bidders/subcontractors.	Contractor(s) and Subcontractors of Any Tier
4	Complete <b>Online Enrollment</b>	Contractor(s) and Subcontractors of Any Tier
5	Send Insurance Certificate to Tesla in accordance with the Insurance Requirements of the Subcontract Agreement	Contractor(s) and Subcontractors of Any Tier
6	Confirm all Contractor(s) and Subcontractors of Any Tier enrollment in program. Gallagher will issue written confirmation.	Gallagher
7	Certificate of Insurance and policy copies upon request.	Gallagher
8	Advise your Insurance Agent/Broker of insurance coverages provided by Tesla so that proper notice can be made to your current insurers.	Contractor(s) and Subcontractors of Any Tier
9	Complete "Notice of Work Completion" <b>online</b> when all your work is completed.	Contractor(s) and Subcontractors of Any Tier

## Insurance Required From Contractor(s) and Subcontractors of Any Tier

Please note that the coverages provided by the WC OCIP are designated to cover you only while you are actively engaged in construction activities at the Tesla Gigafactory Texas Project. Therefore, it is imperative that you maintain your own insurance coverage for all **off-site operations and all personnel not eligible for OCIP Workers Compensation coverage**.

The required insurance of every OCIP participant is outlined in detail in your contract. Please refer to your contract document for the requirements that pertain to you. In summary, the following coverages are required:

- 1. Statutory Workers' Compensation Insurance and \$1,000,000 Employers' Liability with a Waiver of Subrogation in favor of Owner for all off-site operations and all personnel not eligible for OCIP Workers Compensation coverage only.** If you are not required to maintain **Statutory Workers' Compensation Insurance**, you are required to provide evidence of insurance for the protection of your personnel while on the project site. This insurance may include, but not limited to Foreign Voluntary Workers Compensation, Employer's Liability, approved Travel Insurance, and other appropriate and customary forms of insurance.
- 2. General Liability and Umbrella/Excess Liability** Any combination of Commercial General Liability and Umbrella/Excess Liability insurance. Required limits are not less than \$3,000,000 per occurrence and \$5,000,000 in annual aggregate with Owner included as an Additional Insured, which designation shall extend to claims by Contractor(s) and Subcontractors of Any Tier employees or their personal representatives, heirs, and beneficiaries against Owner Parties.
- 3. Automobile Liability** Insurance with limits not less than \$1,000,000 combined single limit covering all automotive equipment used in the performance of the Contract both on and off the jobsite and must include Non-Owned and Hired Car coverage. Owner, its officers, agents, and employees shall be named as Additional Insureds under this insurance.
- 4.** The Constructor(s) and subcontractors of any tier shall require their respective vendors, suppliers, off-site fabricators, material dealers, truckers, drivers and others, who merely transport, pick-up, deliver or carry materials, personnel, parts or equipment to or from the project site to maintain insurance in the form and with the limits as specified in your contract Insurance Requirements.

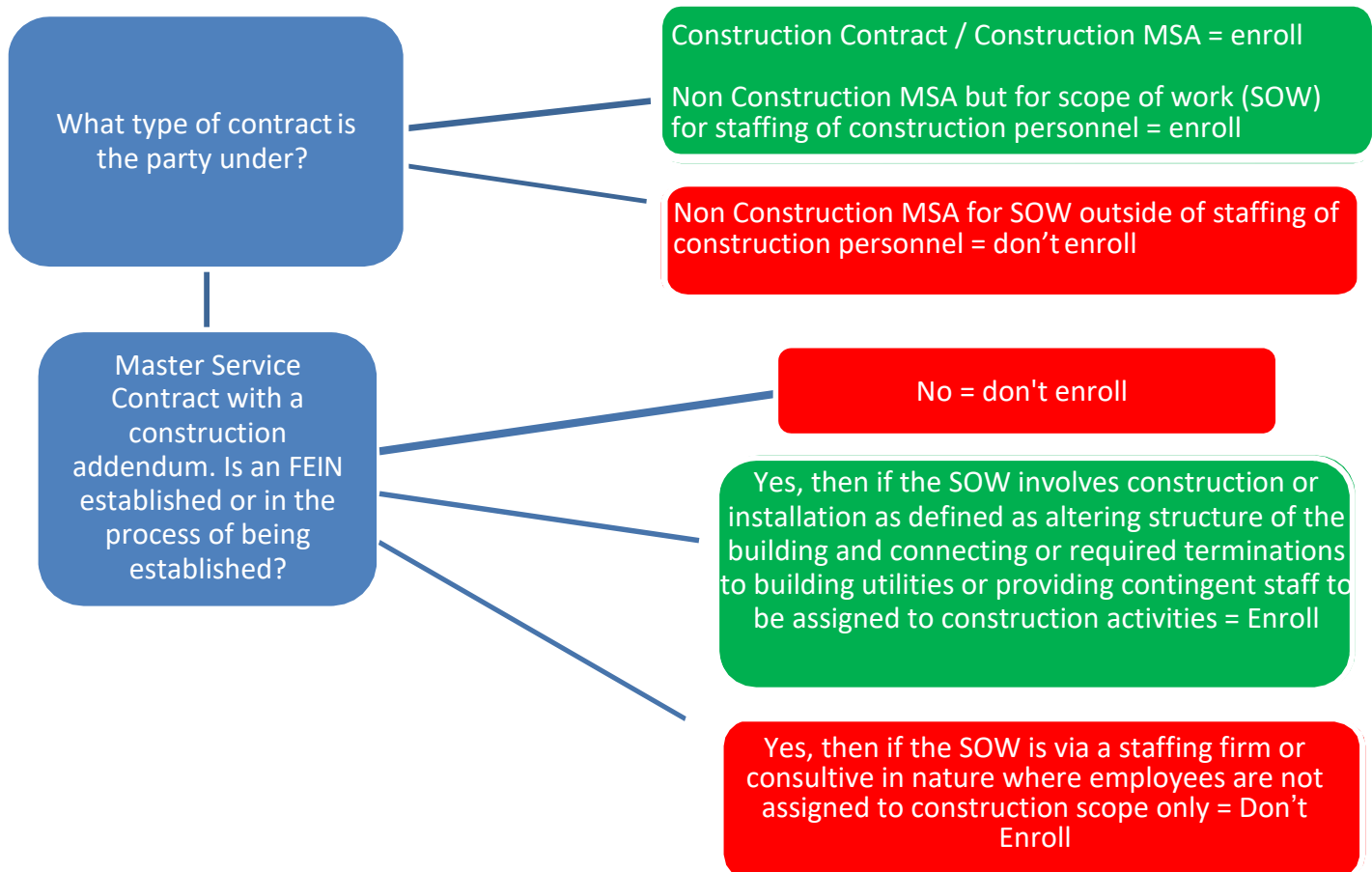
**The Insurance Requirements of your contract outline in detail the required coverages for all OCIP participants. It is important to comply with all terms of your contract. Please note that progress payments may be withheld if required insurance is not on file.**

## WC OCIP Enrollment Instructions

Every WC OCIP participant must complete the WC OCIP Online Enrollment process through the Gallagher Contractor Portal at <http://ajg.vuwrapup.com/contractorportal>. Please refer to the following pages for additional instruction. Please contact Gallagher Administration if you have any questions regarding the enrollment process, as she can walk you through it.

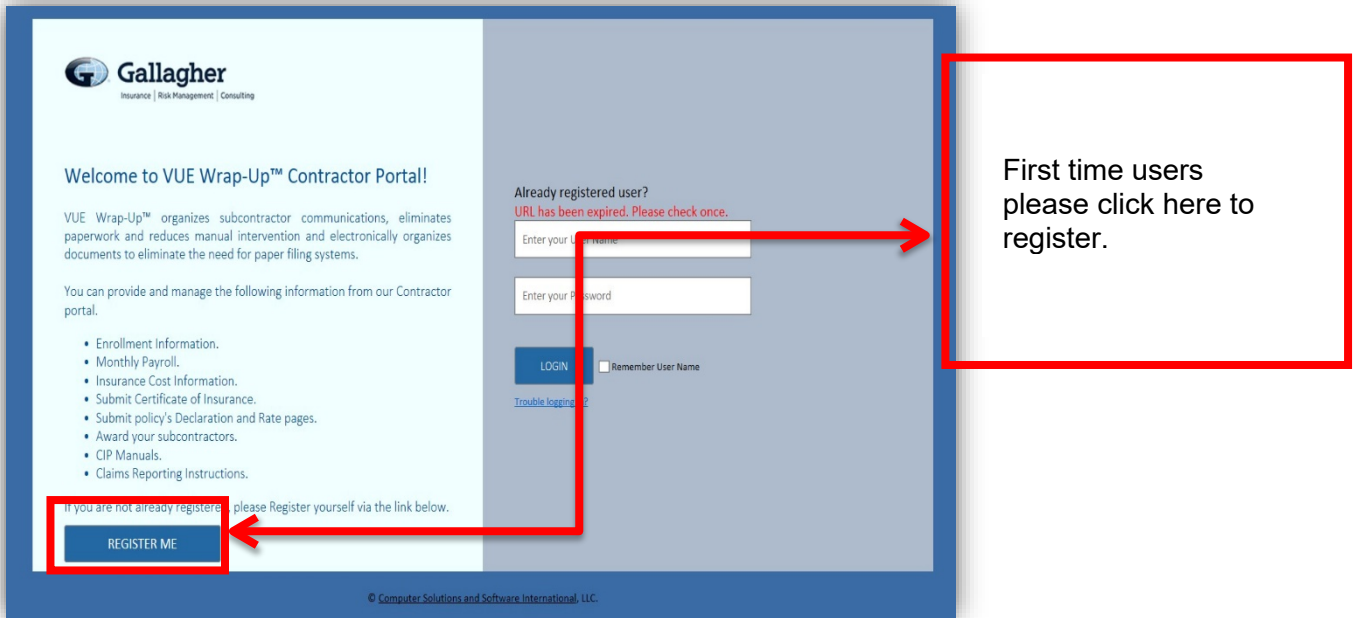
Please keep in mind the following:

- You will need to ensure each of your lower-tier subcontractors complete the online enrollment process and submit all their documentations.
- The OCIP does **NOT INCLUDE** commercial general liability, excess/umbrella liability, automobile coverage (including trucks and licensed equipment) or tools and equipment.
- The OCIP provides Workers' Compensation only for employees working at the Tesla Gigafactory Texas. Your yard or plant workers, off-site clerical staff, drivers who only deliver or pick up at the project, and management or supervisory personnel who are not dedicated to the project are **NOT COVERED** by the OCIP. Labor provided through labor service companies should be discussed with Gallagher to determine eligibility if they do not fall within the category of providing personnel to be dedicated to purely construction activities.
- The following Decision Tree provides further guidance regarding eligibility for enrollment into the Workers' Compensation OCIP.



# Online Enrollment Instructions - AJG/VUE Online Portal

To start please open your internet browser and go to the AJG Wrap-up Management Portal URL (<https://ajg.vuewrapup.com/contractorportal>). This will open the portal login screen.



## Step 1: Registering and Logging In

Click the **Register Me** link at the bottom right hand corner of the login box. **If you are already registered, proceed to Step C.**

- A. Fill in the form with your first name, last name, email ID (email address) and enter the user ID you would like to use. Your user ID can be any name or phrase you will easily remember, such as your first initial and last name (preferred), your company name, or your email address. Password must contain letters, numbers and symbols.
  - a. All fields in yellow are required.
  - b. FEIN (your company's Federal Tax Identification Number) field is optional, but recommended as it will link your account to any existing contracts linked to your company

- B. When your registration has been completed successfully, you will see the message “User ID and Password are created”. Please click here to login to “Contractor Portal”. Click the link to be redirected to the login page where you can login to the portal to complete your enrollment. You will also receive an email with your User ID and Password for your records.
- C. Use your provided or created User ID and Password to login. If any error messages appear, contact your AJG Wrap-up Administrator.

**Step 2: Completing an Enrollment**

- A. If your incomplete enrollment already has a contract in the system, you may be required to fill in the missing details. Your contract can be selected by clicking on the contract number hyperlink in the Contract # column.
- B.

Welcome: Tali Kirkwood [ Sample Contractor ]  
Last Login Time: 07/05/18 07:33 PM EST

Home | Contract | Documents | Reports

Hello, you are logged into the Contractor Portal.  
For new and returning users who need to create a new enrollment record, please add [NEW ENROLLMENT](#).

Payroll | Documents | View Subcontract | Insurance Cost Worksheet | Close Out

Contract #	Project	Contractor	Start Date	End Date	Contract Status	Contract Value
<a href="#">1499999-006</a>	Test Project	Sample Contractor	07/05/2018		New	\$25,000.00
<a href="#">1499999-016</a>	Test Project	Sample Contractor	07/04/2018	12/31/2018	Incomplete	\$25,000.00
<a href="#">CTP-00</a>	CSSI Test Project	CSSI Test Contractor	07/01/2018	12/31/2020	Enrolled	\$25,000.00

1 - 3 of 3 items | 50 items per page

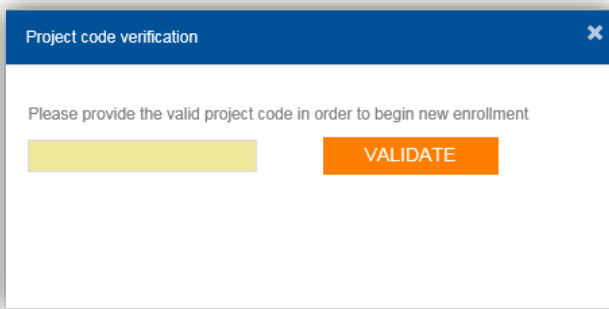
- C. If you do not see a contract for the specific project you are enrolling in, click the “New Enrollment” button.

Hello, you are logged into the Contractor Portal.  
For new and returning users who need to create a new enrollment record, please add [NEW ENROLLMENT](#).

Payroll | Documents | View Subcontract | Insurance Cost Worksheet | Close Out

Contract #	Project	Contractor	Start Date	End Date	Contract Status	Contract Value
<a href="#">14999999-006</a>	Test Project	Sample Contractor	07/05/2018		New	\$25,000.00
<a href="#">14999999-016</a>	Test Project	Sample Contractor	07/04/2018	12/31/2018	Incomplete	\$25,000.00
<a href="#">CTP-00</a>	CSSI Test Project	CSSI Test Contractor	07/01/2018	12/31/2020	Enrolled	\$25,000.00

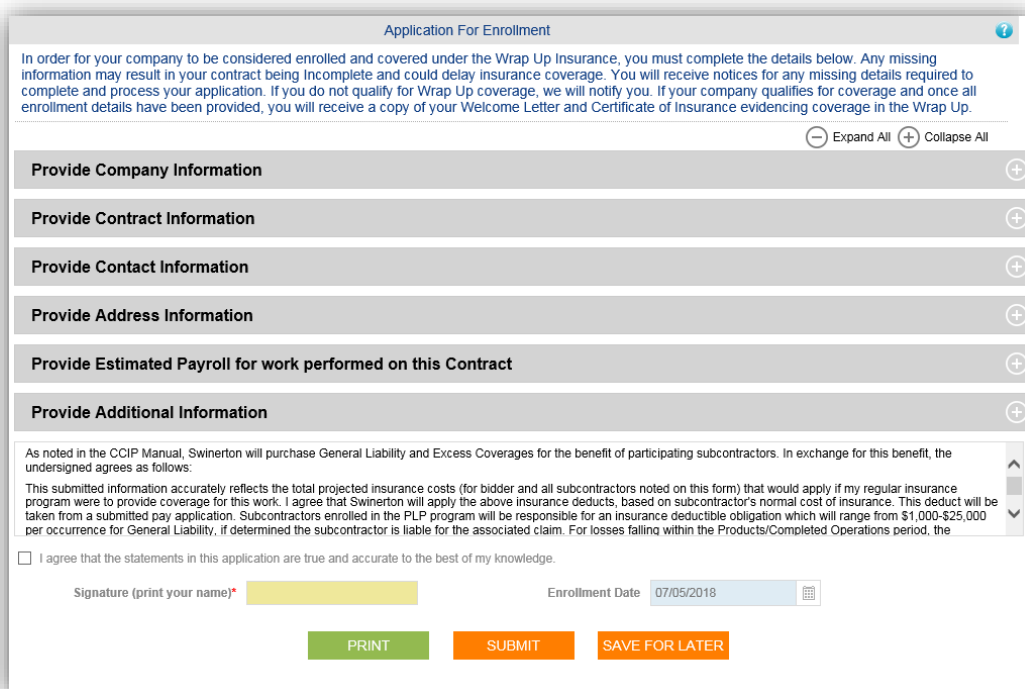
- D. When the user clicks on the [New Enrollment](#) link, a pop up screen will open as shown below. Users should provide the **Project Code or Project Name** as listed in their Wrap Up manual or provided by their Wrap Up Administrator.



The image shows a pop-up window titled "Project code verification" with a close button (X) in the top right corner. The main text reads: "Please provide the valid project code in order to begin new enrollment". Below this text is a yellow rectangular input field. To the right of the input field is an orange button labeled "VALIDATE".

### Step 3: Enrolling

- A. The Enrollment Screen includes the following sections, each of which can be expanded or collapsed for ease of review:
- a. Provide Company Information
  - b. Provide Contract Information
  - c. Provide Contact Information
  - d. Provide Address Information
  - e. Provide Estimated Payroll for work performed on the Contract
  - f. Provide Additional Information
  - g. Approval and Signature



The image shows the "Application For Enrollment" screen. At the top, it says "Application For Enrollment" with a help icon. Below is a paragraph of introductory text: "In order for your company to be considered enrolled and covered under the Wrap Up Insurance, you must complete the details below. Any missing information may result in your contract being incomplete and could delay insurance coverage. You will receive notices for any missing details required to complete and process your application. If you do not qualify for Wrap Up coverage, we will notify you. If your company qualifies for coverage and once all enrollment details have been provided, you will receive a copy of your Welcome Letter and Certificate of Insurance evidencing coverage in the Wrap Up." Below this text are two buttons: "Expand All" (with a minus sign) and "Collapse All" (with a plus sign). The screen is divided into several sections, each with a header and a plus sign to expand it: "Provide Company Information", "Provide Contract Information", "Provide Contact Information", "Provide Address Information", "Provide Estimated Payroll for work performed on this Contract", and "Provide Additional Information". Below these sections is a paragraph of terms and conditions: "As noted in the CCIP Manual, Swinerton will purchase General Liability and Excess Coverages for the benefit of participating subcontractors. In exchange for this benefit, the undersigned agrees as follows: This submitted information accurately reflects the total projected insurance costs (for bidder and all subcontractors noted on this form) that would apply if my regular insurance program were to provide coverage for this work. I agree that Swinerton will apply the above insurance deducts, based on subcontractor's normal cost of insurance. This deduct will be taken from a submitted pay application. Subcontractors enrolled in the PLP program will be responsible for an insurance deductible obligation which will range from \$1,000-\$25,000 per occurrence for General Liability, if determined the subcontractor is liable for the associated claim. For losses falling within the Products/Completed Operations period, the". Below this text is a checkbox: "I agree that the statements in this application are true and accurate to the best of my knowledge." At the bottom, there is a "Signature (print your name)\*" field with a yellow input box, an "Enrollment Date" field with the value "07/05/2018" and a calendar icon, and three buttons: "PRINT" (green), "SUBMIT" (orange), and "SAVE FOR LATER" (orange).



- B. Fill in each section with your information to the best of your ability. Every section is required to be completed.
- a. For a new enrollment, all fields should be filled in.
    1. If your company has previously enrolled in a contract on our portal, you will have an option to select previous information in some fields

Please select an existing address record or add a new address by completing the fields below. If you wish to provide more than one address you can do so by clicking on the 'Add' button. Note: You must select one address record as "Primary".

Select Existing Address



- b. If a contract has been added to your portal by an AJG Wrap-up Administrator, you may not be able to edit some fields. Move on from those and fill in all the other fields as completely as possible.
- c. If you notice a mistake in a non-editable field, contact your AJG Wrap-up Administrator.
- d. If you are not sure what a field is requesting, hovering over the field title will show captioned explanations.

- C. In the Contact section you must enter at least one contact and it must be marked as primary. You may also add additional contacts i.e. Payroll Contact or Worker's Comp Claim Contact




**Provide Contact Information** ⊖

Contact Type* <input type="text" value="Select"/>	Primary <input checked="" type="checkbox"/>
First Name* <input type="text"/>	Last Name <input type="text"/>
Email* <input type="text"/>	Mobile <input type="text"/>
Phone <input type="text"/>	
<span style="color: red;">-</span> <span style="color: orange;">🗑️</span>	

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Contact Type* <input type="text" value="Select"/>	Primary <input type="checkbox"/>
First Name* <input type="text"/>	Last Name <input type="text"/>
Email* <input type="text"/>	Mobile <input type="text"/>
Phone <input type="text"/>	
<span style="color: red;">-</span> <span style="color: orange;">🗑️</span> <span style="color: green;">+</span>	

- a. You must provide a value for your corresponding preferred mode of contact. For example, if you select email as your preferred method of contact, you must provide an email address.
- b. If the enrolling Contractor(s) and Subcontractors of Any Tier has existing contacts available in our system, they can make a selection from the existing records by selecting contact information from the dropdown available on top of each contact box. Once selected, the contact details will be populated in the respective fields.
- c. User can manually enter the new contact by performing these steps: Select contact type, from dropdown menu; enter *First Name*, *Last Name*, *Email*, *Phone*, and *Mobile*. By default, the Primary checkbox will be marked for the first contact added. Please note, that the email is mandatory.
- d. To add an additional contact, click the ADD button
- e. Once a second Contact is added the CLEAR and DELETE button will be available for existing Contact block, allowing the user to clear the details and re-enter or delete the record if needed.

- D. In the Address section, enter a primary address by filling in all fields and checking the checkbox “Primary”. You must enter at least one address, and if there is only one it must be marked as primary.
- To add a secondary address, click the ADD  button in the lower left hand corner of the section containing that address.
  - Once another address is added, the CLEAR  and DELETE  button will be displayed for the existing Address block, allowing the user to clear the details and re-enter or delete the record if needed
  - Note: You cannot delete an address that has already been approved by the AJG Wrap-up Administrator. If there is an error in the address approved or entered by the AJG Wrap-up Administrator, please contact them directly.

### Provide Address Information -

Address Type\* Select v



Street Address 1\*


City\*

Primary

Street Address 2

State\* Select v Zip\*

- E. In the Estimated Payroll section, you must enter your best estimate of payroll for entirety of the project.
- You must submit estimated payroll for **all** General Liability Class Codes you will be working under on the project. To add estimated payroll for additional codes, please press the Add  button on the lower right hand corner of the section.

### Provide Estimated Payroll for work performed on this Contract -

State CA v If the Classification Code was not found in the drop down, please click to [Add New Class Code](#)

Class Code	Man Hours	Estimated Payroll (\$)
<span style="float: left; margin-right: 5px;"></span> <span style="border: 1px solid #ccc; padding: 2px;">Select</span> <span style="font-size: 0.8em;">v</span>	<span style="border: 1px solid #ccc; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid #ccc; display: inline-block; width: 100px; height: 15px;"></span>

- F. Before you submit your enrollment information, you must check the confirmation checkbox. (Note: The text in your portal may differ from what is shown in the screenshot.) Once you have verified that all information entered is correct, please check the checkbox, and type your name in the Signature box.

This submitted information accurately reflects the total projected insurance costs (for bidder and all subcontractors noted on this form) that would apply if my regular insurance program were to provide coverage for this work. I agree that Swinerton will apply the above insurance deducts, based on subcontractor's normal cost of insurance. This deduct will be taken from a submitted pay application. Subcontractors enrolled in the PLP program will be responsible for an insurance deductible obligation which will range from \$1,000-\$25,000 per occurrence for General Liability, if determined the subcontractor is liable for the associated claim. For losses falling within the Products/Completed Operations period, the deductible obligations will double.

agree that the statements in this application are true and accurate to the best of my knowledge.

Signature (print your name)\*

Enrollment Date 07/05/2018 📅

PRINT
SUBMIT
SAVE FOR LATER

- G. If you do not have all the necessary information needed for your enrollment, you are now allowed to save the information that you have input and come back to finish at a later time.



After pressing the Save for Later or Submit button be sure to confirm your selection before leaving the page. If you do not, your enrollment will not be saved or submitted in any way.

**You are about to submit your enrollment application. Click "Yes" to submit, click "No" to review and make changes.**

- H. Once your Contract is submitted, you cannot make changes to the enrollment.

#### Step 4: Uploading Documentation

- A. As part of your enrollment, you **may** be required to submit supporting documentation such as:
- a. Rate and Declaration Pages
  - b. Certificates of Insurance
  - c. NKLL (No Known Loss Letters)
  - d. Other Documents

The system will prompt you as to which documents are required

**Documents**

For now we will show the following message until Product team gives us the ability to show these bullets based on the selected settings. Please upload the following documents, as they may be required to process your enrollment. If you are unsure what documents are required, you should refer to your CIP Insurance manual for a complete listing.

- Workers' Compensation Declaration and Rate Pages
- General Liability Declaration and Rate Pages
- Excess Declaration and Rate Pages
- Offsite COI

Contract # CTP-00

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Select Document Category

COI Reviews/Renewals  
 Excess Dec & Rate Pages  
 Insurance Cost Worksheet  
 Notice of Completion

Enrollment  
 GL Dec & Rate Pages  
 No Known Loss Letter  
 Other Documents

Select File

Document Category	Document Name	File Name	Document Date
CIP Manual	CIP Manual	<a href="#">GC-ChelseMontrose.pdf</a>	07/01/2018

- B. Accessing the Documents screen
- a. Once you have submitted your enrollment you can press the Documents button on the top Right

Contract #: CTP-00

Project: CSSI Test Project (CTP)

Contract Status: Enrolled

Administrator's Review: **Approved**


The enrollment has already been submitted. You cannot make any more changes. Please contact your Wrap-Up Administrator for further assistance.

- C. On the Documents screen you must choose from the Select Document Category and Select File to upload the document. Refer to the image below. If there are existing document(s) for the selected Contract, the system will display those under Documents section.

The screenshot shows the 'Documents' interface for Contract # CTP-00. It includes a message about document requirements, a list of categories (Workers' Compensation, General Liability, Excess, Offsite COI), and a 'Select Document Category' dropdown menu with options like COI Reviews/Renewals, Enrollment, Excess Dec & Rate Pages, GL Dec & Rate Pages, Insurance Cost Worksheet, No Known Loss Letter, Notice of Completion, and Other Documents. Below this is a 'Select File' field with a 'BROWSE' button and an 'UPLOAD FILE' button. A table at the bottom lists existing documents:

Document Category	Document Name	File Name	Document Date
CIP Manual	CIP Manual	GC-ChelseMontrose.pdf	07/01/2018

- D. To add the documents to the selected Contract, follow the steps below:
- Select the Document Category from the available options. Note: A user can select multiple Categories, i.e. "GL Dec and Rate Pages" and "Excess Rate and Dec Pages"
  - To locate the file to upload, browse your local drive by clicking on the Browse button. The file must be available on your device or computer from which you are currently accessing the portal.
  - Once the file is successfully uploaded, the document(s) will be listed in the Documents section of the Documents Screen.

**Notes:**  Only PDF, DOC, DOCX or TIFF documents can be uploaded and all files must be 10MB or under

## Step 5: Adding a Subcontract

If you need to add a Lower Tier Subcontractor please follow the below instructions

- A. From the Enrollment Screen select the Subcontract button on the top right hand corner

The screenshot shows the top of the Enrollment Screen for Contract # CTP-00, Project: CSSI Test Project (CTP), and Contract Status: Enrolled. It features buttons for 'DOCUMENTS' and 'SUBCONTRACTS'. The Administrator's Review is 'Approved'. A message states: 'The enrollment has already been submitted. You cannot make any more changes. Please contact your Wrap-Up Administrator for further assistance.' There are also 'Expand All' and 'Collapse All' buttons.

- B. This will bring you to the Sub Contract Screen. Begin by pressing the Add Subcontract button

<< 14999999-016

**Add Subcontract** Delete Subcontract

**Sub Contracts**

Contract #	Project	Contractor	Start Date	End Date	Contract Status	Contract Valu...	Parent C
No records to display.							

C. This will open a Sub Contract enrollment Screen

- a. Please fill out all information to the best of your ability
- b. Business Name, FEIN # (If known), Subcontract Value, Expected Start Date
- c. Contract # is a read only field.
- d. Verify the information and check the checkbox next to the statement "Statements in this application are true and accurate to the best of my knowledge"
- e. Press Submit and confirm

**Sub Contract** - Test Project / 14999999-016

Contract #

Business Name\*  Federal ID #

Business Type\*

Contract Start Date\*   Contract Value\*

If you are self performing any work, please indicate the amount of your contract that is self performed.

Description of Work\*

**Contact Info**

First Name\*  Last Name

Email\*  Mobile

Phone

Same as above

**Payroll Contact Info**

First Name  Last Name

Email  Mobile

Phone

Statements in this application are true and accurate to the best of my knowledge.\*

D. To add an additional subcontracts; click on the Add Sub Contract button again the first Sub Contract screen.

## Step 7: Close Out

- A. Once logged in to the portal site select the Contract # listed on the Home Screen, then Click on the Close Out button.
- Note: If any of your Contract #'s are not listed, please contact your AJG Wrap-up AJG Wrap-up Administrator to check the status of enrollment.

[Payroll](#) | [Documents](#) | [View Subcontract](#) | [Insurance Cost Worksheet](#) | [Close Out](#)

Contract Listing							
	Contract #	Project	Contractor	Start Date	End Date	Contract Status	Contract Va
<input type="checkbox"/>	1499999-006	Test Project	Sample Contractor	07/05/2018		New	\$25,000.00
<input type="checkbox"/>	1499999-016	Test Project	Sample Contractor	07/04/2018	12/31/2018	Incomplete	\$25,000.00
<input type="checkbox"/>	CTP-00	CSSI Test Project	CSSI Test Contractor	07/01/2018	12/31/2020	Enrolled	\$25,000.00

## B. Please fill out all fields

- Notice of Completion Date: the day your company finished work on site.
- Completion Signature: The name of whomever is completing the form
- Final Contract Value: Your final contract value with you Prime Contractor
- Payroll Information: The final payroll amount for all Class Codes from your enrollment, for the entire project. Once all information is completed, please press the Submit button. You will see the message "Data Saved Successfully"

Contract Close Out

By completing the details below, you are indicating that your work on this project is complete and you no longer have any employees returning to the jobsite. Please refer to your Wrap Up manual to confirm whether or not a Non CIP COI is required to return to the jobsite.

Contract # 1499999-006

Notice of Completion Date\* 05/01/2019      Completion Signature\* Tall Kirkwood

**Final Closeout Information**

Final Contract Value\* \$100,000.00

Refresh Payroll

	Class Code	Final Man Hours	Final Payroll (\$)	Final Gross Payroll (\$)
<input type="checkbox"/>	5140 - Electrical Wiring - equals or exceeds \$28.00	200.00	\$200,000.00	
		200.00	\$200,000.00	\$0.00

- Sub Contractor Details: (if you did not hire any subcontractors please move to step 2) Any contractors you have hired that have already enrolled in our program will appear in the Existing Subcontracts Chart

**Sub Contractor Details**

EXISTING SUBCONTRACTS  
Please enter your subcontractor's final contract value.

Contract #	Contractor Name	Contract Status	Final CV (Reported by Sub)	Final CV (Reported by Parent)
No records to display.				

- Your subcontractors' reported final Contract Value will populate in the **Final CV (Reported by Sub)** column. To confirm or correct the Final Contract Value, you must fill in the **Final CV (Reported by Parent)** column.
- If you did not hire any subcontractors select No, and press **SUBMIT**. If you did hire subcontractors and they are listed above select No, and press **SUBMIT**. If you did hire subcontractors and they are NOT listed above select Yes and add subcontractors in the Add Subcontracts chart by pressing the **+** button and filling in requested details

Are there any subcontractors that you hired for this project, that are not listed above, as EXISTING SUBCONTRACTORS? **Yes**

ADD SUBCONTRACTS  
Please add a line and provide the details for any of your subcontractors that are not listed above.

Subcontractor Name	Sub's Start Date	Description of Work	Contact First Name	Contact Last Name	Contact Email	Final Contract Value
<input type="checkbox"/> Sample Contractor	03/01/2019	Electrical Installation	New	Contact	NewContact@sample.com	\$99,999,999,999.00
<input type="checkbox"/>						

- Once all hired subcontractors are reported, please review your Close out and press **SUBMIT**

## Definitions for Purposes of This Manual

<b>Owner/Sponsor</b>	Tesla, Inc. (Tesla)
<b>Contractor(s)</b>	Contractor(s) in contract with Tesla
<b>Project</b>	Tesla Gigafactory Texas 13101 Tesla Road, Austin, TX 78725 And adjacent parcels designated by Tesla as part of the Tesla Gigafactory Texas Project.
<b>Project Site</b>	The areas designated in writing by Tesla in a contract document for performance of the Work and such additional areas as may be designated in writing by Tesla for Contractor(s) as well as Subcontractors of Any Tier use in performance of the Work. The Project Site shall also include (1) field offices, (2) property used for bonded storage of material for the Project approved by Tesla, (3) staging areas dedicated to the Project. <b>Items 1 through 3 must be approved by the OCIP Insurer and listed in the OCIP Policy</b>
<b>Off-Site Exposures</b>	Offices, shops, warehouses, factories, or similar locations away from the designated project site that have not been approved by the OCIP Insurer and listed on the OCIP Policy <b><u>ARE NOT COVERED.</u></b>
<b>Contract</b>	The agreement between Tesla and Contractor(s) as well as Subcontractors of Any Tier. The terms "Contract" and "Agreement" are used interchangeably.
<b>Subcontractor of Any Tier</b>	The person, firm or corporation with whom Tesla has entered into Agreement to perform the Work; or the Person or entity who has a contract with Tesla to perform any of the Work at the Site.
<b>Work</b>	Operations, as fully described in the Contract, performed at or emanating directly from the Tesla Gigafactory Texas Project.
<b>Insured</b>	Tesla and Contractor(s) as well as Subcontractors of Any Tier which have an executed Contract and have received written confirmation of coverage by Gallagher Construction Services. The following are not Insureds under this WRAP-UP - Architects, engineers, consultants, vendors, suppliers, material dealers, off-site fabricators and others who merely transport, pick up, deliver or carry materials, personnel, parts or equipment or any other items or persons to or from the Project Site, et al.



## Personnel Directory

<b>Senior Manager, Construction Management</b>	<b>Gary Mlakar</b> Direct : (615) 330-3469 <a href="mailto:gmlakar@tesla.com">gmlakar@tesla.com</a>
<b>Senior Environmental, Health and Safety Construction Project Manager</b>	<b>E B Scott</b> Direct : (281) 389-9805 <a href="mailto:ebscott@tesla.com">ebscott@tesla.com</a>
<b>Telsa Procurement Contact</b>	<b>Shaoni Barua</b> <a href="mailto:shbarua@tesla.com">shbarua@tesla.com</a>
<b>Tesla Workplace Health Senior Analyst-Workers' Compensation</b>	<b>Joseph Carp Jr.</b> Direct : (848) 213-5740 <a href="mailto:jcarpri@tesla.com">jcarpri@tesla.com</a>
<b>Director, Environmental Health and Safety</b>	<b>Laura Harting</b> Direct: (775) 379-3017 <a href="mailto:lharting@tesla.com">lharting@tesla.com</a>

## Insurance Broker & Contact

<b>Gallagher Enrollment/ Administration</b>	<b>Stephanie Craveiro</b> Direct : (877) 972-7871 <a href="mailto:stephanie_craveiro@ajg.com">stephanie_craveiro@ajg.com</a>
<b>Gallagher OCIP Program Manager</b>	<b>Suzette Cole</b> Direct : (415) 288-1634 <a href="mailto:suzette_cole@ajg.com">suzette_cole@ajg.com</a>
<b>Gallagher OCIP Program Director</b>	<b>Nils Sorenson</b> Direct : (415) 288-1649 <a href="mailto:nils_sorenson@ajg.com">nils_sorenson@ajg.com</a>
<b>Gallagher Workers' Compensation Claims</b>	<b>Helyn Hoffman</b> Direct : (510) 229-0607 <a href="mailto:helyn_hoffman@ajg.com">helyn_hoffman@ajg.com</a>
<b>Zurich (Carrier) Designated Claim Administrator</b>	<b>Jim Schladweiler</b> Direct: (415) 538-7265 <a href="mailto:jim.schladweiler@zurichna.com">jim.schladweiler@zurichna.com</a>



## Contractor Safety Requirements

### Regulations

All Subcontractors must adhere to OSHA 1926 regulations as well as Tesla's and Contractor(s) safety requirements.

### Safety Plan

All Subcontractors must submit their company safety manual prior to beginning work.

### Site Safety Orientation

All enrolled Subcontractors employees are required to attend a site specific safety orientation prior to starting their scope of work. A designated badge and orientation sticker will be issued upon completion of the orientation and with a valid ID.

### Onsite Safety Representative

Any enrolled Subcontractors with 25 or more employees shall provide a full time; on-site designated safety representative. The Subcontractors safety representative shall be onsite during all work activities and attend mandatory Subcontractors safety meetings.

Full time safety professional shall be provided as follows:

- 25-75 total employees = one (1) full time Safety Representative
- 76-150 total employees = two (2) full time Safety Representatives
- 151-225 total employees = three (3) full time Safety Representatives
- 226-300 total employees = four (4) full time Safety Representatives
- Each additional 70 employees = one (1) additional full time Safety Representatives

Subcontractors shall apply these requirements to night and day shift employees. For an example, Subcontractors having 25 employees on nights, 85 employees on days the Subcontractors shall provide one night safety representative and two day shift safety representatives.

### Safety Representative Qualifications

The Contractor(s) and Subcontractors shall provide qualified Safety Representative qualifications:

#### Option 1

A college degree (Associates, Bachelor, Masters) in Occupational Safety and Health or other related fields of study in Occupational Health, Environmental or Safety Sciences (e.g., Industrial Hygiene, Fire Protection, Environmental Protection). Previous experience (6 months minimum) in the safety, health, environmental or emergency response area is also required.

#### Option 2

Professional certification as an Occupational Health Safety Technologist (OHST), Construction Safety Health Technologist (CHST), from the Council on Certification of Health, Environmental, and Safety Technologists (CCHST) or Associate Safety Professional (ASP) or Certified Safety Professional (CSP) from Board of Certified Safety Professionals (BSCP). Previous experience in safety, health, environmental, or emergency response (6 months minimum) is also required.

### Option 3

Five (5) years of work experience in the construction environment where 100% of the position's day-to-day job functions entailed safety, health, or environmental protection. A Certificate of Completion from the Occupational Safety and Health Administration Outreach Training Program for either of the following courses:

- OSHA 500 Trainer Course in Occupational Safety and Health Standards for the Construction Industry.
- OSHA 501 Trainer Course in Occupational Safety and Health Standards for General Industry.

Contractor(s) and Subcontractors may bring on less experienced safety professionals to facilitate experience; however, the Owner must approve this prior to the safety representative arriving onsite.

### **Accident Investigations**

All injuries, no matter how small, shall be reported to Tesla and Contractor(s) immediately. Each enrolled Subcontractor is required to conduct and submit a written accident investigation report. Investigation reports are to be submitted to Tesla and Contractor(s) and the Wrap Up Carrier within 24 hours post-accident. Failure to report a claim may result in a fine and/or penalty, up to and including removal from the jobsite of the offending parties.

Any injured employee (**non-emergency**) must be accompanied by their supervisor and taken to Texas Medical Clinic Centers to be seen by a physician. A post-accident drug test must be given.

**Drug Free Workplace Policy** A "Drug Free Workplace" policy will be enforced by all enrolled Contractor(s) and Subcontractors. This policy restricts certain items and substances from being brought on the job-site. It prohibits all employees and others working on the job-site from reporting for work or from working with detectable levels of illegal or nonprescribed drugs and other substances. A copy of your "Drug Free Workplace" policy must be turned into Tesla and Contractor(s) prior to beginning work.

The Sponsor will require pre-employment, for cause, and post-accident drug testing and/or Breath Alcohol Test at the Subcontractor's expense. Tesla reserves the right to require random drug testing.

### **Modified/Alternate Duty Program**

Where permitted by law, Modified/Alternate Duty work is to be considered in **ALL** cases where warranted. All enrolled Contractor(s) and Subcontractors must provide a Modified/Alternate Duty Program for an employee who has sustained a work related injury or illness and is medically unable to perform all or any part of their normal duties during any part of the regular work day or shift. The enrolled Contractor(s) and Subcontractors will continue to provide modified/alternate duty work, when reasonable and possible, even after they are no longer an enrolled Contractor or Subcontractor. The Sponsor will determine reasonable accommodations.

**Fall Protection** A strict 100% fall protection policy will be adhered to by all workers at the jobsite where any worker is exposed to the hazard of a fall six (6) feet or more or when working over dangerous equipment.



## TESLA 2022

### Employee GETS INJURED

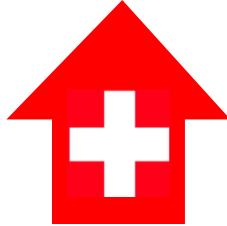
Employee reports an injury to the Supervisor

Contact : [GFTXEHS@tesla.com](mailto:GFTXEHS@tesla.com) And [WorkplaceHealthGFTX@tesla.com](mailto:WorkplaceHealthGFTX@tesla.com)



#### FIRST AID

1. Employee does not require medical treatment. First Aid is given to the Employee on site (examples: Band-Aids or ice)
2. Complete the TESLA Injury Packet and provide this to: [WorkplacehealthGFTV@tesla.com](mailto:WorkplacehealthGFTV@tesla.com)
3. Provide a copy of this to: [GFTXEHS@tesla.com](mailto:GFTXEHS@tesla.com)



**For medical attention and care:**  
**Texas Medical Clinic Centers**  
**9900 South I-35 Frontage Road**  
**Austin, Texas 78748**  
**Phone: 512-291-5577**

#### Sub-Supervisor FOLLOW UP

Employee is to go to all medical appointments.  
All Medical notes are to be provided by Tesla.  
Support all Modified Duty and fill out return to work letter and provide to XL- Lili in Claims.

#### MODIFIED DUTY

Supervisor is to support all return to work of IW  
Fill out all documentation required by Tesla  
In the event that the employee/ IW refuses return to work Tesla must be notified at once or employee self terminated  
Supervisor is to inform Tesla if IW is returned to regular Full Duty

#### REGULAR DUTY

Supervisor & IW is to provide all medical Doctor's notes to Tesla in Safety/Claims team at all times until discharged  
IW is to keep all appointments with MD until discharged

#### FUTURE APPOINTMENTS AND FOLLOW UP

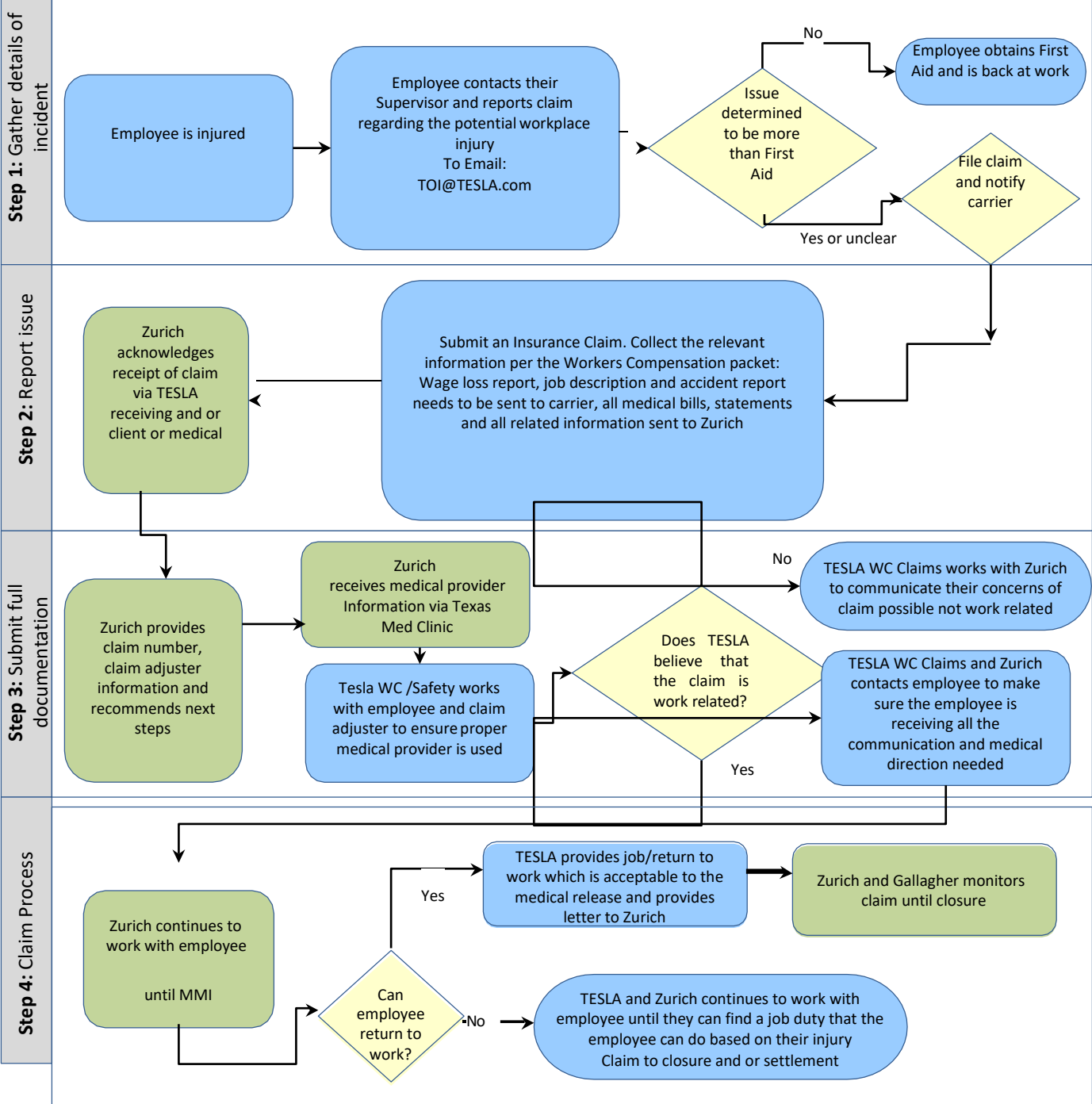
IW and Supervisor to provide all documentation to Tesla claims on all claim matters until claim is closed. If the IW has a change in medical status Sub is to advise Tesla Claims of medical status or need of medical attention

#### DISCHARGE

Once the IW has been discharged from care the claim will go into Texas proceedings to close. If at regular duty and no issues prevail claim will close.  
If claim has future medical and/or monies for PD claim under review

# TESLA Texas TOI Claim Process–Workers Compensation 2022

**Start this process as soon as you become aware of the issue, ideally within 24 hours of incident.**



### Color Key

TESLA TOI TEXAS Service:



Zurich Claims TX

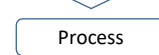


### Shape Key

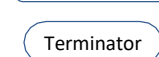
Decision:



Process Step:



Termination Point:





# ACCIDENT/INJURY REPORT

**TESLA, Inc.**  
13101 Harold Green  
Austin, TX 78725

<input type="checkbox"/> Employee
<input type="checkbox"/> Contract Employee
<input type="checkbox"/> Contractor
<input type="checkbox"/> Visitor
<input type="checkbox"/> Other*
_____

<input type="checkbox"/> NWR	<input type="checkbox"/> FYI	<input type="checkbox"/> FIRST AID	<input type="checkbox"/> MED ONLY	<input type="checkbox"/> RECORDABLE	<input type="checkbox"/> LOST TIME
------------------------------	------------------------------	------------------------------------	-----------------------------------	-------------------------------------	------------------------------------

Date of Incident:	Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Reported:
First Name:	Last Name:	Date of Birth:
Address:		Home Phone:
Company:	Job Title:	Date of Hire:
Shift Start Time:	Shift End Time:	Date Last Worked:
Occurred on Jobsite? <input type="checkbox"/> Yes <input type="checkbox"/> No		Witness(s): <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, provide witness statement</i>
Incident Location (Section, Level, Corridor, Column, etc.):		
Incident Description:		
Body Part:	Body Side:	Nature of Injury:
Cause of Injury:	Injury Source:	Off-Site Treatment Sought: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Treatment:	Location: <input type="checkbox"/> Texas Medical Clinic Centers <input type="checkbox"/> Other:	
Treatment Provided:		

No.	Contributing Factors (This incident would not have occurred if not for the presence of these factors)	Identified Control (The contributing factor would not have occurred if the following control had been in place)
1		
2		
3		
4		

No.	Remedial Action Plan	Action By Who	Action By When	Completion Sign Off
1				
2				
3				
4				

Claim Valid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Be Determined	Explanation:		
Comments:			
Completed by:	Date Completed:	Phone #:	
Supervisor:			Phone #:

Complete this form within 24 hours of the incident and submit to [Gigafactory-EPC-Safety@tesla.com](mailto:Gigafactory-EPC-Safety@tesla.com)



# WITNESS STATEMENT

Date of Incident:

Time of Incident:

Witness Name:

Company:

Address:

Home Phone:

Incident Location (*Section, Level, Corridor, Column, etc.*):

Incident Description:

Signature :

Date Completed:

**DWC FORM-001**  
**(Employer's First Report of Injury or Illness)**

The **employer** is required to file an **Employer's First Report of Injury or Illness** [DWC FORM-001 Rev. 10/05] with the injured worker's insurance carrier, and the injured claimant or the claimant's representative within 8 days after the employee's absence from work or receipt of notice of occupational disease.

The **Employer's First Report of Injury or Illness** provides information on the claimant, employer, insurance carrier and medical practitioner necessary to begin the claims process. Details of the claimant's employment and circumstances surrounding the injury or illness are also requested.

Send the specified copies to your **Workers' Compensation Insurance Carrier** and the injured employee. **\*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.**

*[Workers' Compensation Rule 120.2]*



## INSTRUCTIONS FOR EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS (DWC FORM-001)

Type (or print in black ink) each item on this form. Failure to complete each item may delay the processing of the injury claim.

Section 409.005, Texas Workers' Compensation Act, requires an Employer's First Report of Injury or Illness (DWC FORM-001 Rev. 10/05 to be filed with the Workers' Compensation Insurance Carrier not later than the eighth day after the receipt of notice of occupational disease, or the employee's first day of absence from work due to injury or death. A copy of this report must be sent to the employee or the employee's representative. For purposes of this section, a report is filed when personally delivered, or postmarked. Send the specified copies to your **Workers' Compensation Insurance Carrier** and the injured employee. **\*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.**

If a report has not been received by the carrier, the employer has the burden of proving that the report was filed within the required time frame. The employer has the burden of proving that good cause existed if the employer failed to file the report on time.

An employer who fails to file the report without good cause may be assessed an administrative penalty. An employer who fails to file the report without good cause waives the right to reimbursement of voluntary benefits even if no administrative penalty is assessed.

Once the employer has completed all information pertaining to the injury the employer should maintain the copy of this report to serve as the Employer's Record of Injury required by Section 409.006. Send the specified copies to your **Workers' Compensation Insurance Carrier** and the injured employee. **\*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.** The Division's Health and Safety will use data from this report for the Job Safety Information System established in Section 411.032 of the Texas Workers' Compensation Act.

This report may not be considered admission or evidence against the employer or the insurance carrier in any proceeding before the Division or a court in which facts set out in the report are contradicted by the employer or insurance carrier.

### "SPECIAL INSTRUCTIONS FOR CERTAIN ITEMS"

- Items 2,7,8: Section 402.082, Texas Workers' Compensation Act requires the Division to maintain information as to the race, ethnicity and sex on every compensable injury. This information will be maintained for non-discriminatory statistical use.
- Item 4: If no home phone, please provide a phone number where the employee can be reached.
- Items 5,15,17,26,29,30: Enter data in month, day, year format. Example: 08-13-54.
- Item 18: List nature of accident or exposure, e.g., fall from scaffold, contact with radiation, etc. If occupational disease, so state.
- Item 19: List specific body part, e.g., chin, right leg, forehead, left upper arm, etc. If more than one body part is affected, list each part.
- Item 20: Describe in detail (1) the events leading up to the injury/illness, (2) the actual injury, e.g., cut left forearm, broken right foot, etc., and (3) the reason(s) why accident/injury occurred. Use an additional sheet of paper if necessary.
- Item 22: State the exact work-site location of the injury, e.g., construction site, office area, storage area, etc.
- Item 24: List object, substance, or exposure that directly inflicted the injury or illness, e.g., floor, hammer, chemicals, etc.
- Items 32,33: Enter date in month-year format. Example: 02-56.
- Item 37: Enter the number of days or hours that make up a full work week for your employees.
- Item 45: Enter the 6-digit North American Industry Classification System (NAICS) Code of the employer. The primary code is the code which appears in block 5 of Form C-3, "Employer's Quarterly Report" to the Texas Workforce Commission.
- Item 46: For companies with a single NAICS code, the specific code is the same as the primary code. For companies with multiple NAICS codes, enter the code that identifies the specific business, activity, or work-site location the employee was working in at the time of the injury. This may or may not be the same as the primary code.

Send the specified copies to your  
Workers' Compensation Insurance Carrier  
and the injured employee.

\*Employers - Do not send this form to the  
Texas Department of Insurance, Division of Workers' Compensation,  
Unless the Division specifically requests a direct filling.

CLAIM # _____
---------------

CARRIER'S CLAIM # _____
-------------------------

### EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.)		2. Sex F <input type="checkbox"/> M <input type="checkbox"/>	
3. Social Security Number - -	4. Home Phone ( )	5. Date of Birth (m-d-y) - -	
6. Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/>			
7. Race White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>	
9. Mailing Address Street or P.O. Box			
City	State	Zip Code	County
10. Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>			
11. Number of Dependent Children		12. Spouse's Name	
13. Doctor's Name			
14. Doctor's Mailing Address (Street or P.O.Box)			
City	State	Zip Code	

15. Date of Injury (m-d-y) - -	16. Time of Injury : am <input type="checkbox"/> pm <input type="checkbox"/>	17. Date Lost Time Began (m-d-y) - -	
18. Nature of Injury*		19. Part of Body Injured or Exposed*	
20. How and Why Injury/Illness Occurred*			
21. Was employee doing his regular job? YES <input type="checkbox"/> NO <input type="checkbox"/>		22. Worksite Location of Injury (stairs, dock, etc.)*	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site			
Street or P.O. Box		County	
City	State	Zip Code	
24. Cause of Injury(fall, tool, machine, etc.)*			
25. List Witnesses			
26. Return to work date/or expected (m-d-y) - -	27. Did employee die? YES <input type="checkbox"/> NO <input type="checkbox"/>	28. Supervisor's Name	29. Date Reported (m-d-y) - -

30. Date of Hire (m-d-y) - -	31. Was employee hired or recruited in Texas? YES <input type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Months _____ Years _____	33. Length of Service in Occupation Months _____ Years _____
34. Employee Payroll Classification Code		35. Occupation of Injured Worker	
36. Rate of Pay at this Job \$ _____ Hourly \$ _____ Weekly	37. Full Work Week is: _____ Hours _____ Days	38. Last Paycheck was: \$ _____ for _____ Hours or _____ Days	39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input type="checkbox"/>

40. Name and Title of Person Completing Form		41. Name of Business	
42. Business Mailing Address and Telephone Number Street or P.O. Box Telephone ( )		43. Business Location (If different from mailing address) Number and Street	
City	State	Zip Code	City State Zip Code
44. Federal Tax Identification Number	45. Primary North American Industry Classification System Code:(6 digit)	46. Specific NAICS Code (6 digit)	47. Texas Comptroller Taxpayer No.
48. Workers' Compensation Insurance Company		49. Policy Number	

50. Did you request accident prevention services in past 12 months?  
YES  NO  If yes, did you receive them? YES  NO

51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)  
**X** \_\_\_\_\_ Date \_\_\_\_\_



Berkshire Hathaway Homestate Companies  
 P.O. Box 881716  
 San Francisco, CA 94188-1716  
 DIVISION OF WORKERS' COMPENSATION



CLAI #	
Carrier #	

**SUPPLEMENTAL REPORT OF INJURY**

**Part I EMPLOYER INFORMATION**

1. Employer business name	2. Employer phone #
3. Employer mailing address	
4. Insurance carrier name	
5. Does the employer have return to work (RTW) opportunities available based on the injured worker's current capabilities? yes <input type="checkbox"/> no <input type="checkbox"/> If so, identify contact person and phone # _____	
6. Has the insurance carrier provided RTW coordination services within the past 12 months? <input checked="" type="checkbox"/> yes Date _____ no <input type="checkbox"/>	
7. Has the employer requested RTW training from DWC or the insurance carrier? yes <input type="checkbox"/> no <input type="checkbox"/>	
8. Has the insurance carrier provided accident prevention services in the past 12 months? yes <input type="checkbox"/> Date _____ no <input type="checkbox"/>	
9. Has the employer requested accident prevention services from the insurance carrier? yes <input type="checkbox"/> no <input type="checkbox"/>	

**Part II REASON FOR FILING THIS REPORT (deadlines vary, see instructions)**

10. <input type="checkbox"/>	a. The injured worker returned to work in either a full or limited capacity: File this report within 3 days.
<input type="checkbox"/>	b. The injured worker is earning more or less than the pre-injury wage because of the injury: File within 10 days.
<input type="checkbox"/>	c. The injured worker returned, then later had additional lost time or reduced wages as a result of the injury: File within 3 days.
<input type="checkbox"/>	d. The injured worker resigned or was terminated from employment: File within 10 days.

**Part III INJURED WORKER INFORMATION**

11. Injured worker name	12. SS (last 4 digits) xxx-xx-	13. D I
14. Injured worker mailing address and phone #		
15. First day of lost time or reduced wages for this injury (mm/dd/yyyy)	16. First day of additional lost time or reduced wages (mm/dd/yyyy)	
17. Has the injured worker experienced 8 days (cumulative) of lost time or reduced wages as a result of the injury? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, the date of the 8 <sup>th</sup> day (mm/dd/yyyy) _____		
18. Date of most recent RTW _____ <input type="checkbox"/> Full duty, full pay <input type="checkbox"/> Limited duty, full pay <input type="checkbox"/> Limited duty, reduced pay	19. Has the injured worker resigned, been terminated or died? yes <input type="checkbox"/> no <input type="checkbox"/> date of resignation _____ date of termination _____ date of death _____	
	19a. Reason for resignation/termination _____	
	19b. Was the injured worker on limited duty when terminated? /es <input type="checkbox"/> no <input type="checkbox"/>	
20. Hours the injured worker was working during the pay period of _____ to _____ : _____ hours per week	21. Weekly/hourly earnings for the pay period of _____ to _____ : \$ _____ weekly or \$ _____	
Indicated hours are: <input type="checkbox"/> Increase from pre-injury <input type="checkbox"/> Same as pre-injury <input type="checkbox"/> Decrease from pre-injury	Indicated wages are: <input type="checkbox"/> Increase from pre-injury wage <input type="checkbox"/> Same a pre-injury wage <input type="checkbox"/> Decrease from pre-injury wage	

**This form to be filed with:** The employer's insurance carrier and the injured worker in the timeframe as noted in Part II.

22. To the best of my knowledge the information provided in this report is accurate and may be relied upon for evaluation of eligibility for benefits.  
Submitted by:  Employer  Injured Worker (If no longer working for the employer where injury occurred.)

Signature and Title of person completing this form \_\_\_\_\_

Date \_\_\_\_\_



## DWC FORM-6 Supplemental Report of Injury

DWC requires the reporting of all Return to Work and Post-Injury Change of Earnings. An injured worker is entitled to temporary income benefits if he/she has disability (defined as the inability to work, or the inability to earn wages equivalent to pre-injury wages, as a result of the injury) and has not reached maximum medical improvement (defined as having reached 04 weeks from the eighth day of lost time or when a doctor certifies that no further recovery can be reasonably anticipated). The insurance carrier shall adjust the weekly amount of temporary income benefits paid to the injured worker to match the fluctuations in weekly earnings after the injury. To ensure the insurance carrier has accurate information to calculate benefits, the DWC FORM-6 is to be completed as applicable:

By EMPLOYER	By INJURED WORKER
<p>The <b>EMPLOYER</b> means the employer for whom the injured worker was working when the injury occurred. If the employer is the current employer, then you are responsible to provide information to the workers' compensation insurance carrier about:</p> <ul style="list-style-type: none"> <li>• The existence of earnings, and</li> <li>• The amount of any earnings, or</li> <li>• Any offers of employment.</li> </ul> <p>Include <b>CLAIM</b> and insurance carrier numbers in right upper hand corner. Complete items -2, sign and date.</p>	<p>If you (the <b>INJURED WORKER</b>) are no longer employed by the employer where the injury/illness occurred, then you are responsible to provide information to the workers' compensation insurance carrier about:</p> <ul style="list-style-type: none"> <li>• The existence of earnings, and</li> <li>• The amount of any earnings, or</li> <li>• Any offers of employment.</li> </ul> <p>This form may be used to do so. Include <b>CLAIM</b> and insurance carrier numbers in right upper hand corner. Complete items -4, 0-2, sign and date.</p>
<p>The <b>EMPLOYER</b> must file this form:</p> <ul style="list-style-type: none"> <li>• For a worker's injury/illness that occurs after January , 99 and required the previous filing of a DWC FORM- , Employer's First Report of Injury; and</li> <li>• During the time the injured worker is entitled to temporary income benefits (TIBs); and</li> <li>• Until the injured worker:               <ul style="list-style-type: none"> <li>➤ Reaches maximum medical improvement (MMI), or</li> <li>➤ Is no longer employed by the employer.</li> </ul> </li> </ul>	<p>If you are employed by a new employer after the injury; and</p> <ul style="list-style-type: none"> <li>• You are receiving benefits, you must tell the insurance carrier if your wages change, regardless of whether your income went up or down; or</li> <li>• You are not receiving benefits, you must tell the insurance carrier if the injury causes you to miss work or lose income.</li> </ul>
<p><b>This report must be filed in the following situations within the timeframes indicated:</b></p> <ul style="list-style-type: none"> <li>• 3 days after the injured worker begins to lose time from work as a result of the injury, if lost time did not occur immediately following the injury;</li> <li>• 3 days after the injured worker returns to work;</li> <li>• 3 days, when the injured worker returned to work, then later has additional day(s) of lost time as a result of the injury;</li> <li>• 0 days after the end of each pay period in which the injured worker has a change in earnings as a result of the injury;</li> <li>• 0 days after the injured worker resigns or is terminated.</li> </ul> <p>While most of the sections on this form are self-explanatory, please note that the pay periods requested in sections 20 &amp; 21 may be different depending on the situation for which the form is being filed:</p> <ul style="list-style-type: none"> <li>• If the report is indicating lost time from work or the end of employment, the pay period shall be the most recent pay period prior to the lost time.</li> <li>• If the report is indicating return to work or a change in earnings, the pay period shall be the pay period the injured worker is beginning.</li> </ul>	
<p>This form is to be filed by first class mail or personal delivery with:</p> <ul style="list-style-type: none"> <li>• The insurance carrier, and</li> <li>• The injured worker.</li> </ul> <p>This report is considered filed when personally delivered or postmarked.</p> <p>Failure to comply with these filing requirements, without good cause, is a Class D administrative violation, subject to a penalty not to exceed \$500.</p>	<p>This form is to be filed by first class mail or personal delivery with:</p> <ul style="list-style-type: none"> <li>• The insurance carrier.</li> </ul> <p>This report is considered filed when personally delivered or postmarked.</p> <p>If you return to work for the same employer or a different employer, your temporary income benefits from the insurance carrier must be adjusted.</p> <p>Failure to report earned wages and/or offers of employment to the insurance carrier who is paying benefits to you is a crime that may result in fines and/or imprisonment.</p>

TLC§ 409.005 and Rules 20.3 and 29.4 provide the requirements regarding use of this report. The complete rule text is available on the DWC website at: <http://www.tdi.texas.gov/wc/rules>



Send to workers' compensation carrier:  
 Berkshire Hathaway Homestate Company -- 415-675-5469  
 (Name and fax number of carrier)



C AIM \_\_\_\_\_  
 CARRIER'S C AIM \_\_\_\_\_

Initial  Amended **EMPLOYER'S WAGE STATEMENT (DWC Form-003)**

The Texas Workers' Compensation Act and Workers' Compensation rules require an employer to provide an Employer's Wage Statement to its workers' compensation insurance carrier (carrier) and the claimant or the claimant's representative, if any. The purpose of the form is to provide the employee's wage information to the carrier for calculating the employee's Average Weekly Wage (AWW) to establish benefits due to the employee or a beneficiary.

The AWW is based on the wages the employee earned in the 13 weeks immediately preceding the date of injury (or the wage a similar employee earned if the employee did not work the full 13-week period). "Wages" include all forms of remuneration payable to an employee for personal services, including fringe benefits. To simplify filing, employers may file wages in a monthly, biweekly, or weekly manner as discussed below.

NOTE - An employer who fails without good cause to timely file a complete wage statement as required by the Texas Workers' Compensation Act, Texas Labor Code, Section 408.063(c) and Worker's Compensation Rule 120.4 may be assessed an administrative penalty.

The employer shall timely file a complete wage statement in the form and manner prescribed by the Division.

(1) The wage statement shall be filed ("filed" means received) with the carrier, the claimant, and the claimant's representative (if any) within 30 days of the earliest of:

- (A) the employee's eighth day of disability;
- (B) the date the employer is notified that the employee is entitled to income benefits;
- (C) the date of the employee's death as a result of a compensable injury.

(2) The wage statement shall also be filed with the Division within seven days of receiving a request from the Division (Only When Requested).

(3) A subsequent wage statement shall be filed with the carrier, employee, and the employee's representative (if any) within seven days if any information contained on the previous wage statement changes (such as if the employer discontinues providing a nonpecuniary wage that was initially continued after the date of injury).

All applicable DWC rules can be found at <http://www.tdi.texas.gov/wc/rules/>

EMPLOYEE AND EMPLOYER INFORMATION	
Employee's Name (ast, First, M.I.):	Employer's Business Name:
Employee's Mailing Address (Street or P.O. Box):	Employer's Mailing Address (Street or P.O. Box):
City: State: ZIP Code:	City: State: ZIP Code:
Social Security Number:	Federal Tax I.D. Number:
Date of Hire: Date of Injury:	Name and Phone of Person Providing Wage Information:
<input type="checkbox"/> As of today's date, the employee is not back at work. OR <input type="checkbox"/> The employee returned to work on _____ and is working: without <input type="checkbox"/> restriction. OR <input type="checkbox"/> with restrictions and is earning wages of \$ per week/month (circle one). NOTE - Rule 120.3 requires the employer file the Supplemental Report of Injury (DWC FORM-6) to report changes in Work Status and Post-Injury Earnings.	I HEREBY CERTIFY THAT this wage statement is complete, accurate, and complies with the Texas Workers' Compensation Act and applicable rules, and the listed wages include all pecuniary and nonpecuniary wages paid for (earned in) the 13 weeks prior to the date of injury (as described on page 2) and I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment. Signature: _____ Date: _____

EMPLOYMENT STATUS AT TIME OF INJURY (Check All That Apply)	
<input type="checkbox"/> Full-time: employee who regularly works at least 30 hours per week and whose schedule is comparable to other employees of the company and/or other employees in the same business or vicinity who are considered full-time. <input type="checkbox"/> Seasonal: employee who as regular course of conduct engages in seasonal or cyclical employment that may or may not be agricultural in nature and that does not continue throughout the year.	<input type="checkbox"/> Part-time: Regular Course of Conduct: employee whose work history for the 12-month period preceding the injury shows the person only worked part-time during that period. <input type="checkbox"/> Part-time: Not Regular Course of Conduct: employee whose work history for the 12-month period preceding the injury shows part-time and full time work during that period. <input type="checkbox"/> Apprentice: employee who is learning a skilled trade or art by practical experience under the direction of a skilled crafts person or artisan.
<input type="checkbox"/> Minor: employee less than 18 years of age and not emancipated by marriage or judicial action who is also an apprentice, trainee or student. <input type="checkbox"/> Student: employee enrolled in a course of study in high school, college or other institute of higher education or technical training. <input type="checkbox"/> Trainee: employee undergoing systematic instruction and practice in some art, trade or profession with a view towards proficiency in it.	
SAME OR SIMILAR EMPLOYEE?	
The wage information on this form is for: <input type="checkbox"/> The Injured Employee OR <input type="checkbox"/> A Similar Employee (NOTE - If requested by the Division, the employer shall identify the similar employee whose wages were provided.)	If the employee was not employed for 13 continuous weeks before the date of injury, report the wages of an employee who has training, experience, skills & wages comparable to the injured employee AND who performs services/tasks comparable in nature and in number of hours. If no similar employee exists, report the limited available wages earned by the injured employee prior to the injury.

NOTE TO INJURED EMPLOYEE - If you were injured on or after 7/1/02, and had employment with more than one employer on the date of injury, you can provide your insurance carrier with wage information from your other employment for the carrier to include in your AWW and this may affect your benefits. Contact your carrier for additional information or call the Division at (800) 252-7031. You can also read rule 122.5 at <http://www.tdi.texas.gov/wc/rules/>



**WAGE INFORMATION INSTRUCTIONS**

Employee Name:

Social Security #:

Date of Injury:

- The employer shall report **all wages earned in the 13 weeks immediately preceding the date of injury**. If the employee is paid on a monthly or semi-monthly basis, the employer may provide wages for the 3 months preceding the date of injury. Monthly wages may also be converted to weekly wages by dividing the gross monthly amount by 4.34821. If the employee is paid on a biweekly basis, the employer may provide the wages for the 14 weeks preceding the date of injury. When setting the periods to report, the employer may adjust the reporting period backward slightly (up to six days) to line up the reporting timeframes with the employer's natural pay cycle. **However, the employer shall not report wages earned on or after the date of injury.**

- If reporting weekly earnings, use all 13 Period Columns below. If reporting 3 months of earnings, either convert the wages to weekly earnings or use the first 3 Period Columns. If reporting 14 weeks of biweekly earnings, use the first 7 Period Columns. **In all cases, indicate the dates that each period covers.**

**PECUNIARY WAGE INFORMATION**

**Pecuniary Wages include all wages that are paid to the employee in the form of money.** These include, but are not limited to: hourly, weekly, biweekly, monthly, etc. wages; salary; tips/gratuities; piecework compensation; monetary allowances; bonuses; and commissions. Earnings are reported in the periods they are earned, NOT when they are paid and some (such as bonuses and commissions) need to be prorated. Pecuniary wages don't include payments made by an employer to reimburse the employee for the use of the employee's equipment or for paying helpers or to reimburse for travel expenses. Consider as earnings amounts from paid holidays and any vacation, personal or sick leave an employee used but not the market value of leave time earned but not used.

PERIOD (Week , Month , or Bi-Week )	1	2	3	4	5	6	7	8		10	11	12	13	
FROM DATE:														
TO DATE:														
HOURS WORKED:														
GROSS WAGES EARNED:														
													<b>TOTALS</b>	

**NONPECUNIARY WAGE INFORMATION**

**Nonpecuniary Wages include all wages paid to the employee in a form other than money.** These include, but are not limited to, the benefits listed below but do not include monetary allowances or stipends paid to allow the employee to purchase the benefits.

Nonpecuniary Wage Type	Employer Provided Prior To Injury?		Specify value Or Amount Earned in Each Reported Period For Each benefit Provided Prior To Injury (Use the same periods as used above)													Will Employer Continue to Provide?		Date Benefit Suspended (if suspended)
	YES	NO	1	2	3	4	5	6	7	8		10	11	12	13	YES	NO	
Health Insurance																		
Laundry/ Cleaning																		
Clothing/ Uniforms																		
Lodging/ Housing																		
Food/ Meals																		
Vehicle/ Fuel																		
Other																		

NOTE: With few exceptions, you are entitled on request to be informed about the information that TDI-DWC collects about you. Under §§552.021 and 552.023 of the Government Code, you are entitled to receive and review the information. Under §559.004 of the Government Code you are entitled to have TDI-DWC correct information about you that is incorrect. For more information, call the local TDI-DWC field office at 800-252-7031.



**EXAMPLE OF A BONA-FIDE JOB OFFER LETTER:**

[company letterhead]

[date]

[employee address]

Dear Mr./Ms. [name]:

We are pleased to extend an offer of modified duty employment consistent with the work restrictions provided by Dr. [name] in the attached DWC-73 Work Status Report dated [date of DWC-73]. The location you will be working will be [address of work site that is geographically accessible to the employee].

Your schedule will be as follows: [schedule; note: must be similar to employee's work schedule prior to the injury]. Your wage for this position will be [wages—if same as pre-injury wages, indicate this as well]. Your job will consist of [description of the physical and time requirements that the position will entail].

We will only assign tasks consistent with your physical abilities, knowledge, and skills, and training will be provided if necessary.

We hope you will accept our offer of modified duty employment by signing where indicated below. If we do not hear from you within 7 days of your receipt of this letter, we will assume you have chosen not to accept our offer of modified duty employment.

If you have any questions, please feel free to contact me at [phone number]. I look forward to hearing from you.

Sincerely,

[name]

[title]

I, [name of employee], accept / do not accept (circle one) this offer of modified duty employment.

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name



## Gallagher at a glance

Gallagher has been designing solutions to meet our clients' unique needs for more than 90 years. We pioneered many of the innovations in risk management used by businesses in all industries today. We believe that the best environment for learning and growing is one that remembers the past and invents the future. Gallagher has divisions specializing in retail insurance brokerage operations, benefits and HR consulting, wholesale distributions and third-party administrations and claims processing.

As one of the largest insurance brokers in the world, Gallagher has more than 850 offices in 35 countries and provides client-service capabilities in more than 150 countries around the world through our network of partners. Wherever you are – we're nearby.

**Arthur J. Gallagher & Co.  
Insurance Brokers of California, Inc.**

**2121 N. California Blvd., # 350,  
Walnut Creek, CA 94596**



**Gallagher**

Insurance | Risk Management | Consulting



T E S L A

**EXHIBIT F**  
Workforce Development and Recruiting

## **Section 4.7.5 – Workforce and Recruiting Outreach**

Tesla is accelerating development of our future talent pipelines across high schools, community colleges, universities, and strategic communities of talent (like transitioning military veterans). These programs can be the final mile for candidates to gain foundational skillsets that set them up for success in starting a full-time career at Tesla. Below is a summary of each of these efforts in partnership with Travis County.

### **Local Independent School District (ISD) Education Programs and Engagement**

#### **Tesla’s Manufacturing Development Program in Texas**

Tesla’s Manufacturing Development Program offers graduating high school seniors the opportunity to interview with Tesla and continue their education while launching a full-time career. During the interview process, students visit a Tesla Factory to learn more about careers in Manufacturing, with chosen students participating in a signing day celebration with their families.

Manufacturing Development Program Associates complete a scholarship program in advanced manufacturing and apply classroom learning directly to their role as Production Associate. Designed to provide graduating high school seniors with the financial resources, coursework and experience they need to start a successful manufacturing career at Tesla. The program is currently in its 7th year, with over 370 high school graduates from California, Nevada, New York, and Texas.

The program was launched in Texas in 2021 at Del Valle ISD and Austin Community College, with 22 students hired full-time. In 2023, Tesla expanded the program into multiple Independent School Districts, with over 170 students enrolled. In 2024, the Manufacturing Development Program will expand recruiting efforts to all greater Austin school districts targeting 300 students for summer 2024.

#### **Establishment of a new Advanced Manufacturing P-Tech Pathway at Del Valle ISD**

Tesla and the Del Valle ISD have teamed up to launch an Advanced Manufacturing Pathway in Technology (P-Tech) Program at Del Valle High School, just 6 minutes from Gigafactory Texas. P-Tech programs, a five-year pathway, bring together high schools, community colleges and industry partners to develop high-need skillsets relevant to emerging careers. There were 40 Del Valle ISD students enrolled in the inaugural class that launched in Fall 2022, with Tesla supporting with equipment donations, mentorships, scholarship funding, and infrastructure. Each year 40-60 students will begin the program, thus in the 5th year we anticipate approximately a total of 300 students.

To directly support the increase of STEM roles needed in the region, Tesla has financially invested in Del Valle ISD to support the creation of three new district roles:

1. **Deputy Chief Educational Workforce Development Officer** – The workforce development officer is responsible for overseeing the district wide effort to increase enrollment in vocational trades, and drive efforts to make programming more attainable to students. Key metrics for this role include increasing graduation rates in skilled trades, successfully launching the P-Tech Pathway at Del Valle ISD and increasing participation in robotics education annually.

**2. Program Manager of Workforce Readiness** – The program manager directly oversees the day-to-day mechanics of the P-Tech pathway and is responsible for executing the programs that will expand extra-curricular robotics offerings for all students.

**3. High School Robotics Instructor** – The high school robotics instructor leads all instructional efforts in Automation & Robotics and will partner closely with Tesla’s Manufacturing Development Program.

### **Austin Community College (ACC) Education Programs and Engagement:**

#### **START Manufacturing**

START Manufacturing is a 14-week training program that trains the next generation of Tesla maintenance technicians. During the program, students develop technical expertise and earn certifications through in-class theory, hands-on labs, and self-paced learning. Students complete intensive training in topics like Robotics, PLCs, mechanical systems and more. In 2022, START had 36 students start full-time at Tesla in equipment maintenance. The program expanded significantly in 2023, opening more courses to new employees and increasing the frequency for external local candidates.

#### **Engagement with Texas Workforce Commission**

Since 2021, Tesla and Austin Community College have collaborated on a Texas Workforce Commission Grant to cover the tuition of 394 students and community members over 18 months. Through this effort, Austin Community College was awarded \$1,888,555 for workforce development programs to cover tuition, equipment, and curriculum that will directly support new career pathways in Advanced Manufacturing.

#### **University Internships:**

Tesla has consistently been ranked as one of the top companies for internships, according to an annual survey of over 235,000 business and engineering/IT students in the world’s 12 largest economies.

#### **Interns Hired from TX Universities (into Texas and across Tesla North America)**

- Over 250 interns from Texas schools hired into Tesla operations (within Texas) in 2023
- Over 350 interns from Texas schools into Tesla operations (across North America) in 2023

#### **Number of visits to Texas Colleges and Universities (virtual + In-person)**

- 42 hiring events held at Texas schools
- 12 universities actively engaging with Tesla:
  - Austin Community College
  - Blinn College
  - Brazosport College
  - Huston-Tillotson University
  - Lincoln Tech
  - Prairie View A&M University
  - Temple College

- Texas A&M University – College Station
- Texas A&M University – Corpus Christi
- Texas State University
- Universal Technical Institute
- University of Houston
- University of Texas at Austin

### **University of Texas, Austin’s Center for a Solar Powered Future**

Since 2021, Tesla has invested \$50,000 annually and will serve as an active member to help support the Center for a Solar Powered Future (SFP2050) at the University of Texas, Austin. The vision of SFP2050 to achieve a zero-carbon footprint in the US and globally by 2050 through the use of solar power as a major energy resource is well-aligned with the vision of Tesla, and the National Science Foundation’s framework to catalyze breakthrough research with the close and sustained engagement between industry and academia will serve as an effective foundation for commercializing this critical work.

### **Huston Tillotson University (HTU)**

In 2023, Tesla committed to investing in and awarding partial scholarships to two incoming freshmen within the newly established Mechanical Engineering (ME) program at HTU. This scholarship focused program, fully funded by Tesla, will provide four years of financial scholarships to incoming HTU freshmen enrolled in the Mechanical Engineering program. Each scholar will receive \$7,500 per year for four years.

### **Texas Roadshow**

In 2023, Tesla Recruiters, business leaders and engineers engaged with student organizations and faculty at the following 12 Texas universities to understand what groups we want to target for future collaboration and job opportunities. This planning led to the collection of over 5,400 applications in total, including the following highlight events:

- Texas A&M – College Station – 2/21/2023
  - *Engaged with 625 students*
- Texas State University – 10/25/2023
  - *Engaged with 130+ students*
- University of Texas, Austin – 10/25/2023
  - *Engaged with 120+ students*
- Texas A&M University – Corpus Christi – 9/14/2023
  - *Engaged with 100+ students*
- Tesla Engineering Tech Talk and Conversation between students and managers

T E S L A

# **EXHIBIT G**

## Full Time Benefits Guide

# 2023 Benefits Guide

Full-Time Employees

THE TESLA LIFE



TESLA

## Tesla Full-Time Employee Benefits Guide

**Note:** Full-time seasonal and Puerto Rico employees should refer to the full-time seasonal or Puerto Rico benefits guides.

## TheTeslaLife

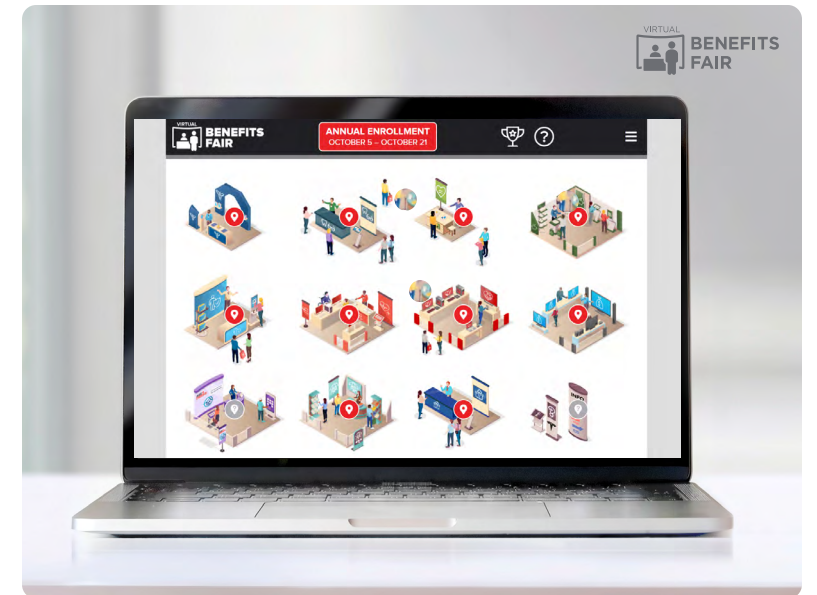
At Tesla, we put you in a position to drive your own benefits experience. Our benefits are designed to provide top-tier plan options with exceptional quality and choice. No matter what stage of life you are in, we have a diverse suite of benefits to meet your needs. And we are committed to continuing our investment in your health and wellbeing.

Tesla is pleased to offer benefit programs to help you and your eligible dependents thrive at work and at home including: zero or very low paycheck deductions for medical, dental and vision plans, 401(k) Plans with match, tax-advantaged FSA and HSA accounts, no-cost Lyra EAP counseling, many family assistance programs, company paid life and disability plans, discounts on Tesla apparel, GymPass, several voluntary benefits options and so much more.

We are glad you are part of our team and are proud to support your overall health and wellbeing.

### TheTeslaLife and Virtual Benefits Fair

As you consider what your needs are today, visit [ts.la/TheTeslaLife.com](https://ts.la/TheTeslaLife.com) or the Virtual Benefits Fair via [ts.la/benefitsfair](https://ts.la/benefitsfair). Here you can access the virtual booths, explore your options and view important plan resources.



## Tesla Full-Time Employee Benefits Guide

- Medical (Aetna and Kaiser)
- Medical (HMSA)
- Dental
- Vision
- Make the Most of TheTeslaLife
- Voluntary Benefits

**Note:** Full-time seasonal and Puerto Rico employees should refer to the full-time seasonal or Puerto Rico benefits guides.

### Questions?

Check out [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife) for more information and resources.

### Consider a Base Plan

If you are currently enrolled in the Plus plan, consider if the PPO Base plan might be more cost-effective for you. We ran the numbers and for most employees, they add up to one thing — the PPO Base plan offers high-quality coverage and huge savings since you have no paycheck deductions.

### Check Your Beneficiaries

Review your beneficiary information to ensure it is accurate and up to date. It is important to do this for all of your benefits, including your 401(k), stock, HSA, life and accidental death & dismemberment (AD&D) insurance.

## Your Health

### Benefits to Support Your Health

Tesla offers comprehensive medical, dental and vision plan options, some with \$0 paycheck deductions. All health care plans are selected to support your total wellbeing.

- Medical: PPO Base, PPO Plus and HSA options are available through Aetna. The medical PPO Base and HSA plan options have a \$0 paycheck deduction for you and your eligible family members. The Aetna PPO Plus and Kaiser Plus plan options are available for a paycheck deduction. If you live in Hawaii, you are offered a medical plan through the Hawaii Medical Service Association (HMSA). Employees in Puerto Rico should review the Puerto Rico Benefits Guide for medical coverage details.
- Dental: Base and Plus options are available for dental coverage through Delta Dental. The Base option has \$0 paycheck deduction for you and your eligible family members.
- Vision: Base and Plus options are available for vision coverage through Vision Service Plan (VSP). The Base option has a \$0 paycheck deduction for you and your eligible family members.

Click below to review your medical, dental and vision plan options. Remember, you will receive a discounted rate when you use in-network providers, which means lower out-of-pocket costs for you.



Medical Plan Chart



Dental Plan Chart



Vision Plan Chart

#### Consider a Medical Plan With a Health Savings Account (HSA)

When you select an HSA plan, you can pay for eligible medical, dental and vision expenses on a pre-tax basis. Even better, Tesla also contributes to your HSA to help your balance grow even faster. You can use HSA funds to pay for current expenses or save them for future expenses all the way into retirement. Unlike FSAs, remaining funds roll over at the end of each year. Your entire balance including Tesla’s contributions, are yours to keep — even if you change medical plans, leave the company or retire. (Remember, however, that HSA plans have a high deductible that must be met before the plan begins to pay.)

**[Get the details.](#)**

#### Consider a Health Care or Dependent Care Flexible Spending Account (FSA)

If you do not choose an HSA plan, you are eligible to enroll in a Health Care FSA. Similar to an HSA, you can pay for eligible out-of-pocket medical, dental or vision expenses using pre-tax dollars. You can also pay for eligible dependent care expenses using pre-tax dollars through a Dependent Care FSA. **[Get the details.](#)**

Per IRS regulations, FSAs are “use-it-or-lose-it” plans. Any remaining funds in your account at the end of the plan year will be forfeited.



## Tesla Full-Time Employee Benefits Guide

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### In-Network Medical Options & Coverage

2023 Plan	Aetna (all locations, except Hawaii and Puerto Rico)			Kaiser (California only)	
	HSA	PPO Base*	PPO Plus*	Kaiser HSA	Kaiser Plus*
Cost (per paycheck)	\$0	\$0	Employee-Only: \$35 Employee + Spouse/Partner: \$95 Employee + Child(ren): \$65 Employee + Family: \$125	\$0	Employee-Only: \$35 Employee + Spouse/Partner: \$95 Employee + Child(ren): \$65 Employee + Family: \$125
Deductible (Individual / Family)**	\$1,750 / \$3,500	\$750 / \$1,500	None	\$1,750 / \$3,500	None
Out-of-Pocket Maximum (Individual / Family)**	\$3,250 / \$6,500	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,250 / \$6,500	\$1,500 / \$3,000
HSA Funding*** (Individual / Family)	\$750 / \$1,500	N/A	N/A	\$750 / \$1,500	N/A

#### What You Pay for Care

Coinsurance	20%	10%	10%	20%	N/A
Primary Care / Specialist	20% after deductible	\$25 copay / \$40 copay	\$20 copay / \$35 copay	20% after deductible	\$20 copay / \$35 copay
Virtual Visits	\$0 after deductible	\$0	\$0	\$0 after deductible	\$0
Emergency Room	20% after deductible	\$100 copay	\$100 copay	20% after deductible	\$100 copay (waived if admitted)
Urgent Care	20% after deductible	\$50 copay	\$50 copay	20% after deductible	\$20 copay
Inpatient Hospital (per admission)	20% after deductible	\$500 copay	\$250 copay	20% after deductible	\$250 copay

\* Copays do not apply to the deductible, but most do apply to the out-of-pocket maximum.

\*\* Most of Tesla's medical plans feature embedded family deductibles and out-of-pocket maximums, which means each covered individual is only responsible for their own portion of the family deductible or out-of-pocket maximum. However, the Aetna HSA plan features a true family deductible and out-of-pocket maximum, which means the full family amounts must be reached before the plan begins to pay benefits or fully cover care. See **Definitions and Terms** for more details.

\*\*\* Tesla's HSA employer contribution is prorated based on hire date. Tesla contributes to your HSA on a per-paycheck basis.

### Questions About Terminology?

Please see **Definitions and Terms**.

Note: The deductible is the amount of money you are responsible for paying before your insurance starts to pay a portion of your bills. Deductibles are an annual amount, which means they reset each calendar year.

### Aetna Network

Employees enrolled in an Aetna medical plan will use the Aetna Choice® POS II (Open Access) network. Employees who reside in Utah use the Utah Connected Network - Aetna Choice POS II (Open Access) network, which includes the Intermountain Healthcare (IHC) network. You will have access to the same network of providers no matter what Aetna plan you choose.

## Tesla Full-Time Employee Benefits Guide

- Medical (Aetna and Kaiser)
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### In-Network Prescription Drugs Coverage

Aetna/CVS Caremark (all locations, except Hawaii and Puerto Rico)				Kaiser (California only)	
2023 Plan	HSA	PPO Base	PPO Plus	Kaiser HSA	Kaiser Plus
<b>Retail Prescription Drugs (Note: Aetna plans use CVS Caremark)*</b>					
Generic	20% after deductible, up to \$25 copay	\$15 copay	\$10 copay	20% after deductible, up to \$25 copay	\$10 copay
Preferred Brand	20% after deductible, up to \$50 copay	\$45 copay	\$30 copay	20% after deductible, up to \$50 copay	\$30 copay
Non-Preferred Brand	20% after deductible, up to \$100 copay	\$90 copay	\$60 copay	20% after deductible, up to \$50 copay	\$30 copay

<b>Mail-Order Prescription Drugs (Note: Aetna plans use CVS Caremark)*</b>					
	Aetna/CVS Caremark mail-order supply limit: up to 90 days			Kaiser mail-order supply limit: up to 100 days	
Generic	20% after deductible, up to \$50 copay	\$30 copay	\$20 copay	20% after deductible, up to \$25 copay	\$20 copay
Preferred Brand	20% after deductible, up to \$100 copay	\$90 copay	\$60 copay	20% after deductible, up to \$50 copay	\$60 copay
Non-Preferred Brand	20% after deductible, up to \$200 copay	\$180 copay	\$120 copay	20% after deductible, up to \$50 copay	\$60 copay

\* Check your specific plan for the day supply of your medication (e.g., 31 days).

### Questions About Terminology?

Please see [Definitions and Terms](#)

Note: The deductible is the amount of money you are responsible for paying before your insurance starts to pay a portion of your bills. Deductibles are an annual amount, which means they reset each calendar year.

### Where Can You Fill Your Prescription?

Aetna member prescriptions are administered through CVS Caremark. However, you are not required to use a CVS retail pharmacy. You can continue to use any in-network pharmacy, including Target, Wal-Mart, Costco and more.

Kaiser members fill all prescriptions through Kaiser pharmacies.

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## Questions About Terminology?

Please see [Definitions and Terms](#)

Note: The deductible is the amount of money you are responsible for paying before your insurance starts to pay a portion of your bills.

Deductibles are an annual amount, which means they reset each calendar year.

## Out-of-Network Coverage

You will pay less if you use a provider in the plan's network. If your plan includes an out-of-network benefit and you use a non-network provider, you are responsible for any difference between the covered expense and the actual non-participating provider's charge.



## Out-of-Network Medical and Prescription Drugs Options & Coverage

	Aetna/CVS Caremark (all locations, except Hawaii and Puerto Rico)			Kaiser* (California only)	
2023 Plan	HSA	PPO Base**	PPO Plus**	Kaiser HSA	Kaiser Plus
Deductible (Individual / Family)†	\$1,750 / \$3,500	\$1,500 / \$3,000	\$1,000 / \$2,000	N/A	N/A
Out-of-Pocket Maximum**** (Individual / Family)	\$6,500 / \$13,000	\$4,000 / \$8,000	\$3,000 / \$6,000	N/A	N/A

### What You Pay for Care

Coinsurance	40%	30%	30%	N/A	N/A
Primary Care / Specialist	40% after deductible	30% after deductible	30% after deductible	N/A	N/A
Emergency Room	20% after deductible	\$100 copay	\$100 copay	20% after deductible	\$100 copay (waived if admitted)
Urgent Care	40% after deductible	30% after deductible	30% after deductible	20% after deductible	\$20 copay
Inpatient Hospital (per admission); prior authorization required or coinsurance reduced to 50%	40% after deductible	30% after deductible	30% after deductible	N/A	N/A

### Retail Prescription Drugs (CVS Caremark)\*

Generic	40% after deductible	\$15 copay	\$10 copay	N/A	N/A
Preferred Brand	40% after deductible	\$45 copay	\$30 copay	N/A	N/A
Non-Preferred Brand	40% after deductible	\$90 copay	\$60 copay	N/A	N/A

\* Kaiser does not cover out-of-network benefits, except for urgent and emergency care.

\*\* Copays do not apply to the deductible, but most do apply to the out-of-pocket maximum.

\*\*\* In-network and out-of-network deductibles and out-of-pocket maximums cross accumulate.

† Most of Tesla's medical plans feature embedded family deductibles and out-of-pocket maximums, which means each covered individual is only responsible for their own portion of the family deductible or out-of-pocket maximum. However, the Aetna HSA plan features a true family deductible and out-of-pocket maximum, which means the full family amounts must be reached before the plan begins to pay benefits or fully cover care. See [Definitions and Terms](#) for more details.

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### Questions About Terminology?

Please see [Definitions and Terms](#).

Note: The deductible is the amount of money you are responsible for paying before your insurance starts to pay a portion of your bills. Deductibles are an annual amount, which means they reset each calendar year.

## In- and Out-of-Network Medical and Prescription Drugs Options & Coverage

Hawaii only	Hawaii Medical Services Association (HMSA)	
	In-Network	Out-of-Network
<b>2023 Plan</b>		
Cost (per paycheck)	\$0	\$0
Deductible (Individual / Family)	\$0	\$100 / \$300
Medical Out-of-Pocket Maximum (Individual / Family)	\$2,500 / \$7,500	\$2,500 / \$7,500
Rx Out-of-Pocket Maximum (Individual / Family)	\$3,600 / \$4,200	\$3,600 / \$4,200
<b>What You Pay for Care</b>		
Coinsurance	20%	30%
Primary Care / Specialist	\$12 copay	30% after deductible
HMSA Virtual Visits*	\$0	N/A
Emergency Room	20%	20% (deductible waived)
Urgent Care	\$12 copay	30% after deductible
Inpatient Hospital (per admission)	10%	30% after deductible
* Cost share for HMSA Online Care		
<b>Retail Prescription Drugs</b>		
Generic	\$7 copay	\$7 copay + 20% (deductible waived)
Preferred Brand	\$30 copay	\$30 copay + 20% (deductible waived)
Non-Preferred Brand	\$30 copay	\$30 copay + 20% coinsurance (deductible waived)
<b>Mail-Order Prescription Drugs</b>		
Generic	\$11 copay	N/A
Preferred Brand	\$65 copay	N/A
Non-Preferred Brand	\$65 copay	N/A

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### Questions About Terminology?

Please see [Definitions and Terms](#).

Note: The deductible is what you pay out of pocket before your insurance starts paying its share of your costs. The calendar year maximum is the most the insurance company will pay in a year for dental costs. The orthodontia lifetime maximum is the total amount the insurance company will pay per eligible person. The dental lifetime maximum is separate from the orthodontia lifetime maximum.

### In-Network Dental Options & Coverage

Delta Dental		
2023 Plans	Base	Plus
Cost (per paycheck)	\$0	Employee-Only: \$5 • Employee + Spouse/Partner: \$11 Employee + Child(ren): \$12 • Employee + Family: \$18
Deductible (Individual / Family*)	\$100 / \$300	\$0
Calendar Year Maximum (excludes orthodontia)	\$1,000 per person	\$2,500 per person
<b>Service</b>		
Preventive and Diagnostic	\$0	\$0
Basic Restorative Care	20% after deductible	20%
Major Restorative Care	30% after deductible	30%
Orthodontia (children and adults)	50%; \$1,000 lifetime maximum (deductible waived)	50%; \$2,500 lifetime maximum

### Out-of-Network Dental Options & Coverage\*\*

Delta Dental		
2023 Plans	Base	Plus
Deductible* (Individual / Family)	\$100 / \$300	\$0
Calendar Year Maximum (excludes orthodontia)	\$1,000 per person	\$2,500 per person
<b>Service</b>		
Preventive and Diagnostic	10% (deductible waived)	10%
Basic Restorative Care	30% after deductible	30%
Major Restorative Care	50% after deductible	50%
Orthodontia (child(ren) and adults)	50%; \$1,000 lifetime maximum (deductible waived)	50%; \$2,500 lifetime maximum

\* The deductible is combined for in-network and out-of-network.

\*\* Out-of-network dentists may bill you the difference between their usual fee and Delta Dental's maximum contract allowance.

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### In-Network Vision Options & Coverage

Vision Service Plan (VSP)		
2023 Plans	Base	Plus
Cost (per paycheck)	\$0	Employee-Only: \$2.50 • Employee + Spouse/Partner: \$6.25 Employee + Child(ren): \$5.00 • Employee + Family: \$8.75
Well Vision Exam (per calendar year)	\$25 copay	\$10 copay
Frames* (per calendar year)	\$25 copay; \$100 allowance	\$10 copay; \$200 allowance
Standard Progressive Lenses	\$0	\$0
Premium and Custom Progressive Lenses	\$0-\$175 copay	\$15-\$25 copay
High Index Lenses	Not covered	\$0
Contact Lenses* (per calendar year)	\$25 copay; \$100 allowance	\$10 copay; \$200 allowance

## Questions About Terminology?

Please see [Definitions and Terms](#).



### Out-of-Network Vision Options & Coverage\*\*

Vision Service Plan (VSP)		
2023 Plans	Base	Plus
Well Vision Exam (per calendar year)	Up to \$45 allowance	Up to \$45 allowance
Frames (per calendar year)	Up to \$70 allowance	Up to \$70 allowance
Standard Progressive Lenses	Up to \$45 allowance	Up to \$45 allowance
Elective Contact Lenses	Up to \$70 allowance	Up to \$70 allowance

\* Members in the Base plan get an allowance for contact lenses or one pair of frames (not both). Members in the Plus plan have an allowance for contact lenses and an allowance for one pair of frames, in the same calendar year. These allowances are separate and cannot be combined.

\*\* Out-of-network allowances are subject to applicable copays.

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### Make the Most of TheTeslaLife All Year Long

#### Get Personalized Help with Your Medical Benefits





All of our medical plans have teams to help you navigate the health care system. For Aetna plans, you can call the Health Care Advocate. For Kaiser plans, you can call Member Services. See the contact information below.

	Health Care Advocate (Aetna) 833.514.1394	Member Services (Kaiser) 800.464.4000
Understand your health benefits, options for care and better manage health care and prescription costs	✓	✓
Get support from advisors who can help locate doctors and schedule appointments, explain medical bills or claims and help to resolve billing issues	✓	✓
Contact an expert for any health-related questions	✓	✓

These free, personalized and confidential services are available to you and your family members. Think of them as your “go-to” resource for health information and support.

#### Know Where to Go When You Need Care

Your Tesla benefits are designed to be used. If you have a minor medical issue and your first instinct is to head to the emergency room, consider trying something new — it could save you time and money.

	<b>Virtual Visits</b> Connect with a physician or health care specialist via phone or video chat for non-emergency issues like allergies, headaches, sore throats and more	<b>Average cost:</b> \$ (or \$0 for some plans)
	<b>Primary Care Physician</b> (available during business hours) Schedule your annual preventive exam and routine care or an issue that can wait until the next day	<b>Average cost:</b> \$
	<b>Urgent Care</b> (often available after hours) Visit for immediate care for common issues like colds, flu, low fevers, rashes and minor injuries	<b>Average cost:</b> \$\$
	<b>Emergency Room</b> (open 24/7) Visit for potentially life-threatening situations that need attention right away	<b>Average cost:</b> \$\$\$

#### Get More Value from Your Prescription Benefits

##### Generic Versus Brand-Name Drugs

Generic drugs cost less than brand-name drugs and meet the same FDA requirements for effectiveness, quality and safety. You can save money if your prescription is a generic drug. Check with your doctor to learn if a generic alternative is right for you.

CVS Caremark, HMSA or Kaiser’s formulary list may change throughout the year, so be sure to check with them if you have questions or concerns.

##### Save Time and Money Using Prescription Mail-Order Services

The mail-order service can be used for maintenance medications you take on a regular basis. Using this service can help you save money, and you have the added convenience for many maintenance medications being delivered directly to your home. Plus, you will receive 90-100 days’ worth of your prescription at a time (at the cost of 2 copays instead of 3), so you never have to worry about going to the pharmacy each month or running out of your medication. Contact your prescription drug provider to learn more and sign up. You can find your provider’s contact information on the back of your member ID card.

## Tesla Full-Time Employee Benefits Guide

[Medical \(Aetna and Kaiser\)](#)[Medical \(HMSA\)](#)[Dental](#)[Vision](#)[Make the Most of TheTeslaLife](#)[Voluntary Benefits](#)

### Other Health Benefits

**FREE!**

#### Employee Assistance Program (EAP) — Lyra Confidential Counseling

Lyra provides confidential therapy when you need it, at no cost to you. Whether you are feeling stressed, anxious, depressed or are dealing with any number of life's emotional challenges, Lyra can guide you through it.

- Find personalized recommendations for top therapists just for you
- Meet with a therapist in-person, via live video or tap into self-care apps on-the-go
- Schedule appointments online at [tesla.lyrahealth.com](https://tesla.lyrahealth.com) or by phone at **855.238.5972**
- Pay nothing — up to 25 sessions are covered for you and your eligible dependents

Learn how to communicate better, improve your relationships and build your skill set for taking on life at [tesla.lyrahealth.com](https://tesla.lyrahealth.com).

**FREE!**

#### Lyra Work-Life

Tesla provides legal consultations and financial planning services in partnership with Lyra to you and your family members.

To learn more about these services, call Lyra at **844.700.8039** or visit [tesla.lyrahealth.com/worklife](https://tesla.lyrahealth.com/worklife).

**FREE!**

#### LGBTQ+ Care Concierge Service — Included Health

Included Health is a comprehensive care navigation platform for the LGBTQ+ community specializing in connecting individuals and their loved ones with quality, affirming care. This dedicated care concierge service can:

- Provide a care coordinator who can support you with provider, insurance, and support-related questions
- Help you navigate gender affirming surgery and related authorizations
- Offer support and resources toward coming out at work and managing legal name changes
- Connect you to a community of LGBTQ+ individuals and loved ones for additional support, and even provide resources for parenting a queer or trans kid

Included Health is available to all employees. Visit <https://includedhealth.com/tesla/> to learn more.



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### Other Health Benefits (cont.)

**FREE!** **Aetna Tobacco Cessation Program**

If you are enrolled in an Aetna medical plan, you have access to Quit For Life. Quit For Life is a free program that helps you and your eligible family members stop using tobacco products. The program includes a personalized plan, access to a tobacco cessation coach, nicotine replacement therapy and ongoing support from an online community of peers.

Call **866.QUIT4LIFE (866.784.8454)** or visit [quitnow.net](https://quitnow.net) to join countless others who have stopped using tobacco.

**FREE!** **Kaiser Tobacco Cessation Program**

Employees enrolled in a Kaiser medical plan can get the support they need to quit using tobacco products with help from Kaiser. Visit [kp.org/quitsmoking](https://kp.org/quitsmoking) or call **800.464.4000** for more information.

**FREE!** **Aetna Real Appeal Weight Loss Program**

If you are enrolled in an Aetna medical plan, you have access to Real Appeal. Real Appeal connects you and your family members with a Transformation Coach, helps you track your activities and progress and gives you access to useful recipes and workouts. This online weight loss program is available at no additional cost. Learn more and sign up on [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife).

**FREE!** **Kaiser Permanente Balance Weight Loss Program**

Balance is designed to help you get to a healthier weight with a personalized action plan. This online resource has videos, goal-tracking tools and recipes to support you and your family in building new healthy habits by balancing nutrition and exercise to create a better foundation of wellness. Learn more on the [Kaiser Permanente website](#).

**FREE!** **Hinge Health**

Hinge Health, available to Aetna medical plan members, delivers quality virtual physical therapy appointments with a licensed physical therapist to conquer chronic pain at home. After completing a quick evaluation to make sure it is a good fit, Hinge Health equips you with wearable sensors and connects you with a provider who will monitor your progress. Together, they help decrease your pain through self-guided exercise therapy sessions at your own pace.

Visit [hingehealth.com/tesla](https://hingehealth.com/tesla) or call **855.902.2777** to learn more.

## Tesla Full-Time Employee Benefits Guide

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### Voluntary Benefits

Voluntary benefits supplement your health insurance by paying a lump sum if you or a covered eligible family member have an accident, are hospitalized or become critically ill. You can use the funds for anything — medical expenses, hotel bills, groceries and more. Tesla provides three types of voluntary benefits — accident, hospital indemnity and critical illness insurance. For complete coverage details, including exclusions and limitations, go to [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife) or call **833.543.1900**.

### Accident Insurance

Even with medical coverage, accidents can be very expensive. Voluntary accident insurance through Aetna pays you in the event that you or a family member covered under the plan is in an accident, such as a sporting injury or a household accident. Keep in mind that voluntary accident insurance is not a replacement for medical coverage.

Your cost is automatically deducted from your paycheck when you enroll online at [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife). The bi-weekly cost is based on your coverage level:

- Employee-Only: \$3.08
- Employee + Spouse/Partner: \$5.62
- Employee + Child(ren): \$6.52
- Employee + Family: \$9.05

### Hospital Indemnity Insurance

When you or a family member is in the hospital, the last thing you want to worry about is the bill. Hospital indemnity insurance through Aetna pays you in the event that you or a family member covered under the plan is hospitalized.

Your cost is automatically deducted from your paycheck when you enroll online at [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife). The bi-weekly cost is based on your coverage level:

- Employee-Only: \$6.33
- Employee + Spouse/Partner: \$13.38
- Employee + Child(ren): \$8.10
- Employee + Family: \$15.14

### Critical Illness Insurance

Dealing with a serious illness is hard. Critical illness insurance through Aetna pays a benefit in the event that you or a covered family member become critically ill. Covered illnesses include heart attack, stroke and kidney failure, among others. Your cost is automatically deducted from your paycheck when you enroll online at [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife). Your bi-weekly cost is based on your coverage level, age and smoking status. You have three plan options — the Low, Medium and High plan. These plans pay up to \$10,000, \$20,000 or \$30,000, respectively.

## Tesla Full-Time Employee Benefits Guide

Health Savings Account (HSA)

HSA Contribution Limits

Health Care Flexible Spending Account (HCFSA)

Dependent Care Flexible Spending Account (DCFSA)

**Note:** Tesla's HSA employer contribution is prorated based on hire date.

**Note:** Full-time seasonal and Puerto Rico employees should refer to the full-time seasonal or Puerto Rico benefits guides.

## Your Spending Accounts

Tesla offers several spending accounts that give you a tax break on your eligible health care and dependent care expenses by having tax-free Health Savings Account (HSA) or Flexible Spending Account (FSA) contributions taken from your paycheck. (That is where the tax break and savings come in.)

You can use your Health Care FSA or HSA debit card to pay for your eligible medical, dental and vision expenses, or you can submit claims to request reimbursement for your eligible health care and dependent care expenses online via [optumbank.com](https://optumbank.com) or using the Optum Bank mobile phone app.

### Health Savings Account: Tesla's Contribution to Your HSA

When you enroll in the Aetna Health Savings Account Plan or Kaiser Health Savings Account Plan, you pay nothing out of your paycheck for your medical plan premiums — plus, you get access to a Health Savings Account (HSA). An HSA is a great way to save tax-free\* money for current and future health care expenses. Tesla will contribute to your HSA account to help offset your deductible, up to \$1,500, depending if you cover any dependents. You can also contribute up to \$3,850 (individual) or \$7,750 (family) per year of your own funds to add to your account.

- In most states, HSA contributions are tax-free.\* That means they are deducted from your paycheck before taxes are figured, which reduces the tax amount withheld from your paycheck.
- The money in your account grows tax-free,\* and it is yours to keep even if you leave Tesla or move to another country.
- You are not taxed\* when you use your HSA to pay for eligible medical, dental and vision expenses. Find a full list of qualified health care expenses at [irs.gov/publications/p502/](https://irs.gov/publications/p502/).
- Your HSA balance rolls over from year to year and never expires, even into retirement. Once you are 65, you can withdraw funds for any reason without paying a penalty, but they will be subject to ordinary income tax (with the exception of qualified medical expenses, which would remain tax-free).
- If you claim your domestic partner on your tax return and cover them under your medical plan, you may use your HSA funds to cover their eligible health care expenses.

### What You Can Do With an HSA

You can use the money in your HSA to:

1. Pay for current qualified health care expenses, like your medical, dental and vision copays, coinsurance and deductible
2. Save for future qualified health care expenses
3. Invest — you can choose from a variety of investment options once your balance exceeds \$2,000

\* In California and New Jersey, you can contribute to an HSA before federal taxes are withheld, but state taxes are still withheld. HSA earnings are subject to state tax in CA and New Jersey. Please consult with your tax advisor.

## Tesla Full-Time Employee Benefits Guide

- Health Savings Account (HSA)
- HSA Contribution Limits**
- Health Care Flexible Spending Account (HCFSA)
- Dependent Care Flexible Spending Account (DCFSA)

### Tesla’s Contribution

If you elect an eligible medical plan and open an HSA, Tesla will contribute to your account. The amount depends on your hire date and if you are covering dependents.

Coverage Level	Contribution Amount
Individual coverage	\$750
Individual + any dependent coverage	\$1,500

Tesla’s HSA employer contribution is prorated based on hire date. For example, if you are hired in June, you will receive half of the annual employer contribution because you are only working for Tesla half of the year.

### HSA Contribution Limits

The IRS determines how much you can contribute to your HSA each year. In 2023, contribution limits are as follows:

- **\$3,850** for individual coverage
- **\$7,750** for family coverage

These amounts include Tesla’s contribution to your HSA. If you are 55 or older, you can contribute an additional \$1,000 each a year as a “catch-up” contribution.

### Health Care Flexible Spending Account (HCFSA)

The HCFSA allows you to:

- Pay for certain medical, dental and vision expenses that are not covered by your health care plan (such as copays, coinsurance, non-cosmetic dental expenses, most prescription drugs and eyeglasses)
- Contribute up to \$2,850 in 2023 through tax-free payroll deductions — the minimum 2023 annual contribution is \$100

Note: IRS rules require that FSAs are “use-it-or-lose-it” plans. If you do not spend the funds within the plan year, you will lose them. If electing, you may want to be conservative if you do not anticipate any qualified expenses. You are not eligible to enroll in the HCFSA if you are enrolled in a medical plan that has a Health Savings Account (HSA).

Find a full list of eligible health care expenses at [irs.gov/publications/p502/](https://www.irs.gov/publications/p502/).

### Understanding FSA Deadlines: Use It or Lose It

**Any amount remaining in an HCFSA account at the end of the plan year is forfeited.** All the money in your HCFSA must be spent by March 15 of the following year, and claims must be submitted by April 30 of that year.

## Tesla Full-Time Employee Benefits Guide

Health Savings Account (HSA)

HSA Contribution Limits

Health Care Flexible Spending Account (HCFSA)

Dependent Care Flexible Spending Account (DCFSA)

### Understanding FSA Deadlines: Use It or Lose It

**Any amount remaining in a DCFSA at the end of the plan year is forfeited.** All the money in your DCFSA must be spent by March 15 of that year, and claims must be submitted by April 30 of that year.

Note: There are some limitations to using your Health Savings Account when you go on a leave of absence. Make sure to review the Leave of Absence Policy on [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife) for more information.

## Dependent Care Flexible Spending Account (DCFSA — Day Care Reimbursement)

A DCFSA might be right for you if you have a dependent child or senior in your life who needs day care. The DCFSA allows you to:

- Pay for certain preschool expenses, nursery school expenses, day care expenses, senior day care facility needs and licensed home child care (expenses related to child care must be for a child under the age of 13)
- Make tax-free payroll contributions up to \$5,000 annually if you are single or if you are married and file a joint tax return (\$2,500 annually if you are married and file separately)
- Note: There is a \$1,000 limit for certain highly compensated employees

Keep in mind that DCFSA funds can only be used to pay for a qualified dependent's day care expenses — they cannot be used to pay for health care expenses. IRS rules require that DCFSAs are “use-it-or-lose-it” plans. If you do not spend the dependent care funds within the plan year, you will lose them. For example, if you do not have children or day care expenses, you will not have any qualified DCFSA costs and may not want to enroll in this plan.

Find a full list of eligible dependent care expenses at [irs.gov/publications/p503/](https://irs.gov/publications/p503/).

### Know the Fine Print

The IRS has certain rules for HCFSAs and DCFSAs:

- Estimate your contributions and budget carefully. There is a “use-it-or-lose-it” rule — funds left over at the end of each year will be forfeited.
- Enrollment is not automatic. You have to re-enroll each year if you want to participate in an FSA.
- You can enroll in one or both accounts, but you cannot transfer money between accounts.
- You cannot enroll in the HCFSA if you are enrolled in a medical plan that has a Health Savings Account (HSA). All employees are eligible to enroll in a DCFSA, regardless of their medical plan election.
- You can use the funds in these accounts for eligible expenses only.
- To be eligible for the DCFSA, you and your spouse must be working, looking for work or attending school on a full-time basis. This would include if you are enrolled in an HSA through your spouse/domestic partner.
- There are some limitations to using your FSA when you go on a leave of absence. Review the Leave of Absence Policy on [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife) for more information.

## Tesla Full-Time Employee Benefits Guide

- The Tesla 401(k) Plan
- Employee Stock Purchase Plan (ESPP)
- Equity Incentive Plan
- Student Loan Refinancing
- Salary Finance
- Life Insurance
- Accidental Death & Dismemberment Insurance
- Disability Benefits

**Note:** Full-time seasonal and Puerto Rico employees should refer to the full-time seasonal or Puerto Rico benefits guides.

## Your Finances

### Save With the Tesla 401(k) Plan

Tesla offers both traditional and Roth 401(k) options to help you save for retirement. As a new hire, you must actively make a contribution election with Fidelity to participate in the Tesla 401(k) Plan. You are always in control of your contributions and can change your contribution at any time throughout the year. Even as little as 1% of your salary (the minimum contribution) can make a positive impact when you retire.

If you are new to Tesla, do not risk over contributing. Make sure to report any contributions that you made to a prior employer's 401(k) this year to [payroll@tesla.com](mailto:payroll@tesla.com). Failure to do so may result in tax implications.

### Tesla 401(k) Plan Discretionary Employer Match

Tesla is committed to accelerating your retirement savings goals by boosting your contributions with an Employer Match. The match formula is 50% of the first 6% (capped at \$3,000 annually) of your eligible compensation that you contribute to the Plan. Employer matching contributions are fully vested after you have one year of service.

\*Interns and seasonal employees are not eligible for matching contributions.

### You Choose How to Invest Your Funds

To make things easy, when you first enroll in the 401(k) Plan, you will automatically contribute to a "life cycle" fund. This type of fund is based on your date of birth and a retirement age of 65. It is actively managed by investment experts who monitor and adjust the investments mix as you approach retirement.

Tesla also provides a variety of options that allow you to control and actively manage your investments in the 401(k) Plan.

Learn more about your options and manage your 401(k) Plan account by visiting [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife).

### Employee Stock Purchase Plan (ESPP)

Through this voluntary program, you can purchase company stock at a 15% discount off the market price at either the beginning or the end of the 6-month offering period, whichever is lower. Tesla partners with E\*TRADE Financial to help employees manage their Tesla stock purchases.

Offering periods begin March 1 and September 1, and purchases are made on the last day of each offering period. Shares are purchased using after-tax contributions made through payroll deductions that accumulate during the 6-month offering period.

Shortly after the shares are purchased, they are deposited into your E\*TRADE Stock Plans account where you can hold them as long as you want or (subject to Tesla's Insider Trading Policy) you may sell or gift the shares without any holding period restrictions. For questions, email the Stock team at [stockadmin@tesla.com](mailto:stockadmin@tesla.com).

## Tesla Full-Time Employee Benefits Guide

[The Tesla 401\(k\) Plan](#)[Employee Stock Purchase Plan \(ESPP\)](#)[Equity Incentive Plan](#)[Student Loan Refinancing](#)[Salary Finance](#)[Life Insurance](#)[Accidental Death & Dismemberment Insurance](#)[Disability Benefits](#)

### Equity Incentive Plan

Tesla created the Equity Incentive Plan to give you the opportunity to own a portion of the company. Through equity based awards, Tesla can recognize outstanding work performance and allow employees to benefit from Tesla's continued success. You can personally contribute to that value through innovation, efficiency and commitment to quality. Hard work is as evident in the exceptional products we deliver to customers as it is in the performance of our stock.

The value of vested shares of Tesla stock can be a significant portion of your total compensation. Tesla partners with E\*TRADE Financial to help you manage and stay updated on the status of your equity awards. Refer to your equity grant for the specific terms and conditions and your applicable vesting schedule.

### Student Loan Refinancing

SoFi takes a unique approach to student loan refinancing to help save you money. SoFi is one of the few lenders that handles federal and private student loan consolidation. You can refinance through [sofi.com/tesla](https://sofi.com/tesla) and get a \$400 welcome bonus with your loan.

### Salary Finance

For help managing your finances and getting out of debt, Salary Finance offers a simple way to borrow and save. With Salary Finance, you can borrow at affordable rates, pay back your loan directly from your paycheck and refinance existing, higher-cost debt. You must be employed for a minimum of 6 months to be eligible for Salary Finance. Learn more on [tesla.salaryfinance.com](https://tesla.salaryfinance.com).

## Tesla Full-Time Employee Benefits Guide

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### Imputed Income

The IRS requires Tesla to report the cost of company-paid employee life insurance in excess of \$50,000 as “imputed income.” If your basic life insurance coverage exceeds \$50,000, you will have imputed income, which is subject to federal and state income taxes and payroll taxes. Visit the [IRS website](#) for additional information about group-term life insurance.

### Basic Life Insurance

- Tesla gives you 2 times your annual earnings up to \$1 million
- Monthly premium cost is paid by Tesla

### Optional Life Insurance

You can purchase additional life insurance, as outlined below:

- **For you:** \$10,000 increments up to \$2 million maximum, not to exceed 8 times your base annual earnings
- **For your spouse/domestic partner:** \$10,000 increments up to \$500,000 maximum, not to exceed 100% of the total of your basic and optional life insurance amount
- **For your child(ren):** \$5,000 increments up to \$20,000 for each child

Employee + Spouse/Partner (Paid Separately)	
Age of Insured Person	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.038
25-29	\$0.048
30-34	\$0.067
35-39	\$0.076
40-44	\$0.086
45-49	\$0.133
50-54	\$0.209
55-59	\$0.390
60-64	\$0.589
65-69	\$1.140
70-74	\$1.853
75-79	\$1.853
80+	\$1.853

Child	
Coverage Level	Monthly Rate*
\$5,000 Benefit per Child	\$0.150
\$10,000 Benefit per Child	\$0.300
\$15,000 Benefit per Child	\$0.450
\$20,000 Benefit per Child	\$0.600

\* The monthly rates apply regardless of the number of children you cover.

Your cost is automatically deducted from your paycheck when you enroll online at [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife).



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### Evidence of Insurability

You may be required to provide proof of good health by filling out an Evidence of Insurability questionnaire, depending on the amount of optional life insurance you elect.

#### Evidence of insurability is NOT required if:

- You enroll when you are a new hire for an amount that does not exceed the lesser of 5 times your salary or \$500,000
- You elect coverage between \$10,000 and \$50,000 for your spouse, when first eligible
- You elect coverage between \$5,000 and \$20,000 for your child(ren), when first eligible

#### Evidence of insurability IS required if:

- At Annual Benefits Enrollment or during a qualifying life event, you increase your existing coverage by more than one level or any increase above \$500,000 — you will need to answer a few simple health questions and your responses will be submitted to the insurance carrier for approval
- You elect coverage for any amount after previously declining coverage when first eligible — you will need to answer a few simple health questions and your responses will be submitted to the insurance carrier for approval
- If you elect any amount of coverage for your spouse/domestic partner for the first time during a qualifying life event or Annual Benefits Enrollment after previously declining to elect to coverage when first eligible, or if you increase coverage for your spouse/domestic partner by more than one level or above \$50,000 — your spouse/domestic partner will need to answer a few simple health questions and their responses will then be submitted to the insurance carrier for approval

## Tesla Full-Time Employee Benefits Guide

- The Tesla 401(k) Plan
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### Basic Accidental Death & Dismemberment (AD&D) Insurance

- Tesla gives you 2 times your annual earnings up to \$1 million
- Monthly premium cost is paid by Tesla

### Optional AD&D Insurance

You can purchase additional AD&D insurance, as outlined below:

- **For you:** \$10,000 increments up to \$2 million maximum, not to exceed 8 times your base annual earnings
- **For your spouse/domestic partner:** \$10,000 increments up to \$500,000 maximum, not to exceed 100% of the total of your basic and optional AD&D coverage amount
- **For your child(ren):** \$5,000 increments up to \$20,000 for each child — cost based on coverage level, as noted below

Your monthly cost of coverage is \$0.03 per \$1,000 of coverage, which is deducted from your paycheck when you enroll online at [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife).

\* You do not have to be enrolled for dependent coverage to elect Optional Life or AD&D coverage. Dependent coverage may not exceed 100% of combined Basic + Optional Employee coverage.

### Disability Benefits

Tesla provides Short- and Long-Term Disability coverage at no cost to you. These benefits can provide up to two-thirds of your income if you become disabled due to illness or injury that keeps you from working for an extended period of time.

- **Short-Term Disability (STD):** STD provides 66.67% of weekly pre-disability earnings, up to \$2,308 per week for up to 6 months
- **Long-Term Disability (LTD):** After you have been disabled and unable to work for 180 days, LTD provides 66.67% of your pre-disability earnings, up to a maximum of \$15,000 per month

## Tesla Full-Time Employee Benefits Guide

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**Note:** Full-time seasonal and Puerto Rico employees should refer to the full-time seasonal or Puerto Rico benefits guides.

## Your Perks

Tesla perks make your life easier, more affordable and more enjoyable. We have a variety of perks to choose from, so there is something for everyone.

### Tesla Fitness

Visit [ts.la/fitness](https://ts.la/fitness) to stay up to date with fitness discounts and offerings as a Tesla employee such as discount memberships with Gympass, ClassPass, 24 Hour Fitness and more.

### Tesla Company Perks

Tesla provides employees with access to preferred pricing offers on products and services. For the latest perks visit [ts.la/perks](https://ts.la/perks).

### Perks at Work

Get exclusive discounts on products and services through [perksatwork.com](https://perksatwork.com) — use your Tesla login credentials to create your account.

### Tesla Shop Discount

Receive up to 35% off Tesla apparel, vehicle accessories and lifestyle items. Visit [shop.tesla.com](https://shop.tesla.com) to get started. Sign in with your Tesla email (xxx@tesla.com) to participate — no discount code necessary. Discounts are automatically applied at checkout on eligible items.

### Commuter Benefits

Commuter Benefits cover the cost to ride public transit and the cost of parking at public transit stations. **Tesla subsidizes up to \$130/month of public transit costs.** In addition, Tesla employees are able to elect up to \$170/month of pre-tax dollars towards public transit for a total maximum of \$300/month. Visit Go Tesla at [ts.la/gotesla](https://ts.la/gotesla).

### Identity Theft Protection

If your identity is stolen, it can take a long time to repair the damage. Identity theft protection from Identity Force could help you catch fraud in its early stages through continuous monitoring of your personal and financial information. Identity Force's rapid alerts and recovery services can help you act quickly to limit damage if your personal or financial information is compromised.

Your cost for coverage is \$3.23 bi-weekly, which is deducted from your paycheck when you enroll through [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife). For a complete list of identity theft protection services available, go to [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife) or call **833.543.1900**.

## Tesla Full-Time Employee Benefits Guide

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### Legal Services

Having access to reliable Legal services comes in handy for everyday needs in life. Some you plan for (like creating a will, building your family through surrogacy or egg or sperm donations or buying a home), while others you do not (like fighting a traffic ticket or getting your deposit back from a difficult landlord). With legal services, Network attorney fees are paid for most covered matters.

Your cost for coverage is \$8.95 bi-weekly, which is deducted from your paycheck on an after-tax basis when you enroll through [ts.la/TheTeslaLife](#). You must enroll during your enrollment window. Visit [ts.la/TheTeslaLife](#) or call **833.543.1900** for additional information.

### Pet Insurance

Tesla offers voluntary pet insurance through MetLife. This benefit reimburses you for eligible veterinary expenses, including accidents, illnesses, hereditary conditions and more. Visit [metlife.com/getpetquote](#) to get a quote and enroll. You may enroll at any time throughout the year. All premiums due are paid directly to MetLife and not through Tesla payroll deductions. After you enroll, go to [metlife.com/mybenefits](#) or call **800.GET.MET8** for questions.

### Travel Assistance

Enjoy travel away from home, worry-free, with Tesla's free personal travel assistance for you and your covered family members. Services are available for trips more than 100 miles from home and up to 180 consecutive days. Tesla employees can enjoy a long list of travel services, including medical referrals, emergency medical and security evacuation, prescription replacement and telemedicine and more. Services are provided by International Medical Group (IMG), a global assistance provider with extensive experience handling complex and remote medical transport situations, as well as providing support for travel concerns when they arise. IMG's on-site 24/7/365 customer service center is available day or night to provide high-quality care you can depend on.

### Business Travel Insurance

This plan is available to you at no cost and provides 24-hour support when traveling on business, including pre-travel assistance, medical travel services and personal security assistance. You also have access to concierge services for local recommendations and arrangements. Visit [ts.la/TheTeslaLife](#) to learn more.

## Tesla Full-Time Employee Benefits Guide

- Family-Building Benefits
- Tesla Babies
- Back-Up Care
- Kindercare Discounts
- RethinkCare

## Your Family

### Family-Building Benefits

There is no one way to define a family — families and household arrangements are diverse. To recognize and support the many paths to grow your family, Tesla is proud to offer best-in-class family-building and fertility benefits. These services include comprehensive medical treatment and medications as well as expert support to help you find the best practitioners to meet your unique needs.

While all medical plans include family-building benefits, the Aetna plans provide more services, flexibility and choice. Please note, Tesla’s contributions toward family-building benefits incur additional taxes because they are classified as “fringe benefits” by IRS regulations. If you take advantage of this benefit, you may see Tesla’s contributions listed as “Imputed Income” on your pay stub with applicable tax deductions.

✔ = Covered

Fertility Benefits	Aetna (+) Kindbody	Kaiser <sup>1</sup>	HMSA <sup>2</sup>
Diagnosis of Infertility	Not required	Required	Required
Limits	✔ \$40,000 lifetime max (medical); \$20,000 lifetime max (prescription)	✔ 1 ART <sup>2</sup> cycle (medical & prescription) lifetime maximum	✔ 1 cycle (medical & prescription) lifetime maximum
Infertility Diagnosis, Studies & Test	✔	✔	✔
Egg & Sperm Donors	✔	Not covered	Not covered
Cryopreservation (sperm, egg & embryo)	✔ Elective cryopreservation — up to 1 year (included in lifetime limits)	✔ Medically necessary — up to 6 months in conjunction with ART <sup>3</sup> cycle	Not covered
Stimulated Intrauterine Insemination (IUI)	✔	✔	✔
In Vitro Fertilization (IVF)	✔	✔	✔
Fertility Medications <sup>1</sup>	✔ (through Schraft Pharmacy)	✔	✔
<b>Adoption Benefits (through Kindbody) — available to all benefits-eligible employees and their eligible family members</b>			
Eligible Adoption Benefit	✔ Up to \$25,000 lifetime max	✔ Up to \$25,000 lifetime max	✔ Up to \$25,000 lifetime max
<b>Surrogacy Benefits (through Kindbody) — available to all benefits-eligible employees and their eligible family members</b>			
Eligible Surrogacy Benefit	✔ Up to \$25,000 lifetime max	✔ Up to \$25,000 lifetime max	✔ Up to \$25,000 lifetime max

<sup>1</sup> Subject to any applicable cost share.

<sup>2</sup> ART, which stands for assisted reproductive technology, refers to in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT) procedures.

**Note:** Full-time seasonal and Puerto Rico employees should refer to the full-time seasonal or Puerto Rico benefits guides.

## Tesla Full-Time Employee Benefits Guide

[Family-Building Benefits](#)[Tesla Babies](#)[Back-Up Care](#)[Kindercare Discounts](#)[RethinkCare](#)

### Tesla Babies

Baby on board? Tesla Babies gives you access to helpful tools and resources to support a growing family. You will also find information about taking a leave of absence and the process for returning to work. You will even receive a Tesla-branded care package to celebrate your new arrival.

### Tesla.Care.com — Back-Up Daycare, Tutoring and Distance Learning Assistance

Babysitter going on vacation for a week? No problem. Tesla pays for 5 days of back-up daycare, tutoring and distance learning assistance using your own network of family and friends, or by selecting one of Care.com's background-checked providers. After you pay a small copay, Tesla pays up to \$125 per day for 5 days per year.

This benefit does not replace regular daycare. It is to be used only when regular daycare is not available for an unexpected reason. Visit [Tesla.Care.com](#) for more details.

### Kindercare Discounts

Get a 10% tuition discount with the largest network of early childhood education programs in the U.S. through KinderCare, CCLC and Champions. Visit any KinderCare facility or [ts.la/TheTeslaLife](#) under the "Your Family" tab to learn more.

### RethinkCare

Through RethinkCare's Parental Success solution, provided at no cost to you, you have access to tools and resources to help you understand, teach and better communicate with your child, including those with developmental and learning challenges. Take advantage of the free enrollment for unlimited access to how-to videos, exclusive content to help you help your child, free expert consultations with Board Certified Behavior Analysts who specialize in working across a broad spectrum of needs and more.

Get started at [connect.rethinkcare.com/sponsor/tesla](#).

## Tesla Full-Time Employee Benefits Guide

## Your Contacts

	Resource or Partner	Website or Email	Phone Number
<b>General</b>	Tesla Benefits Center	<a href="https://ts.la/TheTeslaLife">ts.la/TheTeslaLife</a>	833.543.1900
	Medical		
	- Aetna	<a href="https://aetna.com">aetna.com</a>	833.514.1394
	- Kaiser CA	<a href="https://kp.org/thrive">kp.org/thrive</a>	800.464.4000
	- Hawaii Medical Services Association (HMSA)	<a href="https://hmsa.com">hmsa.com</a>	800.776.4672
	Family-Building Benefits: Kindbody	<a href="https://kindbody.com/tesla-benefit/.com">kindbody.com/tesla-benefit/.com</a>	855.989.2020
	Kaiser CA Nurse Line	N/A	Northern CA: 866.454.8855 Southern CA: 888.576.6225
	CVS Caremark (for Aetna medical plans)	<a href="https://caremark.com">caremark.com</a>	833.514.1394
	Dental: Delta Dental	<a href="https://deltadentalins.com/tesla">deltadentalins.com/tesla</a>	888.335.8227
	Vision: VSP	<a href="https://vsp.com">vsp.com</a>	800.877.7195
<b>Health</b>	Tobacco Cessation		
	- Kaiser Tobacco Cessation Program (Kaiser members)	<a href="https://kp.org/quitsmoking">kp.org/quitsmoking</a>	800.464.4000
	- Quit for Life (Aetna members)	<a href="https://quitnow.net">quitnow.net</a>	888.QUIT4LIFE (866.784.8454)
	Included Health	<a href="https://includedhealth.com/tesla">includedhealth.com/tesla</a>	833.781.7762
	Hinge Health	<a href="https://hingehealth.com/tesla">hingehealth.com/tesla</a>	855.902.2777
	Lyra Confidential Counseling and Coaching	<a href="https://tesla.lyrahealth.com">tesla.lyrahealth.com</a>	855.238.5972
	Lyra Work-Life	<a href="https://tesla.lyrahealth.com/worklife">tesla.lyrahealth.com/worklife</a>	844.700.8039
	Critical Illness, Hospital Indemnity and Accident Insurance: Aetna	<a href="https://aetnaresource.com/p/tesla-supplemental-health">aetnaresource.com/p/tesla-supplemental-health</a>	833.514.1394
	Short-Term Disability: Prudential	<a href="https://MyApps.Tesla.com">MyApps.Tesla.com</a>	844.648.3752
	Long-Term Disability: New York Life	<a href="https://mynylgbs.com">mynylgbs.com</a>	888.842.4462
	401(k) Plan: Fidelity Investments (27719)	<a href="https://401k.com">401k.com</a>	800.835.5097
	Student Loan Refinancing: SoFi	<a href="https://sofi.com/tesla">sofi.com/tesla</a>	855.456.7634
	Salary Finance	<a href="https://tesla.salaryfinance.com">tesla.salaryfinance.com</a>	800.317.6850
<b>Finances</b>	Employee Stock Purchase Plan & Equity Incentive Plan: E*TRADE	<a href="https://etrade.com">etrade.com</a>	800.838.0908
	Life and Accidental Death & Dismemberment (AD&D): Prudential	<a href="https://prudential.com">prudential.com</a>	800.524.0542
	Leave and Disability	<a href="https://MyApps.Tesla.com">MyApps.Tesla.com</a>	844.648.3752
	Health Savings Account (HSA) & Flexible Spending Account (FSA): Optum Bank	<a href="https://optumbank.com">optumbank.com</a>	HSA: 844.326.7967 FSA: 800.243.5543
	Discounted Gympass Memberships	<a href="https://gympass.com/us/tesla-us">gympass.com/us/tesla-us</a>	844.478.4744
	Commuter Benefit: Go   Tesla	<a href="https://ts.la/gotesla">ts.la/gotesla</a>	N/A
	Identity Theft Protection: Identity Force	<a href="https://ts.la/TheTeslaLife">ts.la/TheTeslaLife</a>	833.543.1900
<b>Perks</b>	Legal Services: ARAG	<a href="https://ts.la/TheTeslaLife">ts.la/TheTeslaLife</a>	833.543.1900
	Personal Travel Assistance: IMG	<a href="https://imglobal.com">imglobal.com</a> <a href="mailto:assist@imglobal.com">assist@imglobal.com</a>	855.847.2194
	Business Travel Insurance: ACE	<a href="mailto:medassist-usa@axa-assistance.uschubb.com">medassist-usa@axa-assistance.uschubb.com</a>	855.327.1414
	Pet Insurance: MetLife	To enroll: <a href="https://metlife.com/getpetquote">metlife.com/getpetquote</a> After enrolled: <a href="https://metlife.com/mybenefits">metlife.com/mybenefits</a>	800.GET.MET8 (800.438.6388)
	Tesla Babies, KinderCare Discounts	<a href="https://ts.la/TheTeslaLife">ts.la/TheTeslaLife</a>	N/A
<b>Family</b>	Tesla.Care.com: Back-Up Daycare and Tutoring Assistance	<a href="https://Tesla.Care.com">Tesla.Care.com</a>	855.781.1303
	RethinkCare	<a href="http://connect.rethinkcare.com/sponsor/tesla">http://connect.rethinkcare.com/sponsor/tesla</a>	800.714.9285

**Note:** Full-time seasonal and Puerto Rico employees should refer to the full-time seasonal or Puerto Rico benefits guides.

## Tesla Full-Time Employee Benefits Guide

[Eligibility](#)[New Hires](#)[Family Changes](#)

**Note:** Full-time seasonal and Puerto Rico employees should refer to the full-time seasonal or Puerto Rico benefits guides.

### Domestic Partner Coverage and Some Family-Building Benefits are Taxed

You will be taxed on the cost to cover your domestic partner or some family-building expenses incurred in the plan year.

### Check Your Beneficiaries

Be sure to check that your beneficiary information is accurate and up to date. It is important to do this for all of your benefits, including your 401(k), stock, HSA, life insurance and AD&D insurance.

## Your Eligibility

### Who Is Eligible?

**All active, full-time employees on U.S. payroll who are scheduled to work at least 30 hours per week are eligible for the following benefits on their first day of work:**

- Medical
- Dental
- Vision
- Hinge Health — if enrolled in an Aetna medical plan
- Voluntary Accident, Hospital Indemnity and Critical Illness
- Life and Accidental Death & Dismemberment AD&D)
- Short-Term and Long-Term Disability
- Flexible Spending Accounts (FSAs)
- Health Savings Account (HSA)
- Commuter Benefits
- Voluntary Identity Theft Protection
- Voluntary Legal Plan
- Pet Insurance
- Kindbody Fertility Benefits — if enrolled in an Aetna medical plan

**All active, part-time employees on U.S. payroll in Hawaii who are scheduled to work at least 20 hours per week are eligible for medical.**

**All active, full-time interns on U.S. payroll who are scheduled to work at least 30 hours per week are eligible for the following benefits on their first day of work:**

- Medical
- Dental
- Vision
- Voluntary Accident, Hospital Indemnity and Critical Illness
- Life and Accidental Death & Dismemberment (AD&D)
- Short-Term Disability
- Flexible Spending Accounts (FSAs)
- Health Savings Account (HSA)
- Voluntary Legal Plan
- Pet Insurance

**All full-time and part-time employees on U.S. payroll are eligible for the following:**

- 401(k) Plan
- Employee Stock Purchase Plan (ESPP) — if scheduled over 20 hours per week
- Lyra Behavioral Health & Work-Life Services
- Included Health
- Tesla Babies
- Rethink
- Tesla.Care.com
- Tesla Perks and Perks at Work Discounts
- SoFi
- Tesla Fitness
- Kindbody Donor, Surrogacy and Adoption Services

**Your eligible dependents for the benefits programs include your:**

- Legally married spouse, unless legally separated, or domestic partner,
- Children through the end of the month of their 26th birthday, or of any age if totally disabled, defined as:
  - Biological or legally adopted children, as well as children placed with the eligible employee for adoption,
  - Step children,
  - Children of enrolled domestic partners,
  - Children for whom you are responsible to provide health coverage based on a qualified medical child support order, or
  - Children for whom you are their court-appointed legal guardian.

[Click Here to \*\*Enroll Now\*\*](#)



## Tesla Full-Time Employee Benefits Guide

Eligibility

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### If You Do Not Enroll as a New Hire

If you are eligible and do not make benefit elections within 31 days from your hire date, you will automatically be enrolled in the following benefits:

- Short-Term Disability
- Long-Term Disability
- Basic life insurance
- Basic Accidental Death & Dismemberment (AD&D) insurance
- Lyra Behavioral Health
- Lyra Work-Life

You will not be able to enroll in other benefits until the next Annual Benefits Enrollment period (unless you experience a qualified life event, such as those noted below).

### If Your Family Situation Changes

You have 31 days from the date of most qualified life events to change your benefit elections. If you miss the deadline, you will not be able to make changes until the next Annual Benefits Enrollment period. Eligible life events include the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- Beginning or ending of a domestic partnership
- Court order
- Beginning or ending of benefits coverage through a spouse's or domestic partner's plan

For details on the changes that can be made for each type of life event, visit [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife) and select "Changing My Benefits."

## Tesla Full-Time Employee Benefits Guide

### Definitions and Terms

**Coinsurance** — The percentage of claim and prescription costs that you pay. Once your costs reach the deductible limit, the insurance company pays for covered expenses at its level of coinsurance and you pay at your level of coinsurance. For example, once a family reaches its in-network deductible, a plan with 80% coinsurance would pay for 80% of all bills or prescriptions for covered services from that point forward. You would continue to pay your portion (20% in this example) of additional costs until you reach your in-network out-of-pocket maximum.

**Copay** — A flat dollar amount, such as \$20, that you pay when visiting the doctor or paying for prescriptions. Some plans have copays and others do not.

**Deductible** — The amount of money you are responsible for paying before your insurance starts to pay a portion of your bills. Deductibles are an annual amount, which means they reset each calendar year. Tesla's medical plans have two types of deductibles:

- **True Family** — This type of deductible does not require that you or a covered eligible family member meet the “single” deductible in order to satisfy the family deductible. If more than one person in a family is covered under this plan, benefits begin for any one covered family member only after the family deductible is satisfied. The family deductible may be met by one family member or a combination of family members. The out-of-pocket maximum functions in the same way. If more than one person in a family is covered under this plan, the out-of-pocket maximum is satisfied for any one covered family member when the family out-of-pocket maximum is satisfied. The family out-of-pocket maximum may be met by one family member or a combination of family members.
- **Embedded Family** — This type of deductible may be satisfied by a combination of family members, but also has an individual deductible “embedded” within the plan that may be satisfied earlier. This allows you or a covered eligible family member to begin benefits as soon as the individual's deductible is met. Another member's benefits do not begin until the person has also met his or her individual deductible, or until the group has met the family deductible. The out-of-pocket maximum functions in the same way.

**Domestic Partnership** — Generally, a committed, intimate relationship between two adults of the same or opposite sex who share a common residence, are not married to or in a domestic partner relationship with anyone else and are jointly responsible for their common welfare and financial obligations. To qualify your domestic partner for Tesla benefits, you both will be required to sign an affidavit attesting to your eligibility and to provide documentation to prove your joint financial responsibilities. Note: Documentation is only required outside of the Annual Benefits Enrollment period. You cannot use your Flexible Spending Accounts (FSAs) or Health Savings Account (HSA) to pay for your domestic partner's expenses unless you claim him or her as a dependent on your federal income tax return.\*

\*Under federal tax law, if your domestic partner does not qualify as your tax dependent for health coverage purposes, then the value of your domestic partner's coverage will be included in your gross income and be subject to federal income tax withholding and employment taxes and will be reported on your Form W-2. This includes any portion of the premiums that Tesla pays for your domestic partner's health coverage. Applicable state taxes may apply.

This information is only a summary of the tax provisions governing the tax status of a domestic partner for health plan purposes and is not intended nor should it be relied upon as legal or tax advice. Due to the complexity of these tax rules and the potential impact of any imputed income you may incur, you should seek advice from a competent tax professional before certifying as to the tax status of the person being enrolled. Learn more at [irs.gov/publications/p501/ar02.html](https://www.irs.gov/publications/p501/ar02.html).

**Note:** Full-time seasonal and Puerto Rico employees should refer to the full-time seasonal or Puerto Rico benefits guides.

## Tesla Full-Time Employee Benefits Guide

**Flexible Spending Accounts (Required Annual Testing)** — Health and Dependent Care FSAs are subject to IRS rules, which are designed to ensure that the program does not discriminate in favor of highly compensated individuals. Tesla has the right to unilaterally modify, reduce or revoke an employee's election or to treat some or all of the employee's contributions as taxable income without the employee's consent if such action is necessary or desirable to comply with IRS rules.

**Formulary** — A list of commonly prescribed brand-name and generic drugs that a managed care organization has listed as preferred, based on their clinical effectiveness and opportunities to help contain plan costs.

**Health Savings Account (HSA)** — Available with certain medical plans, this account allows you to save for eligible medical, dental and vision expenses on a pre-tax basis. The balance in the account rolls over from year to year, and the money in the account is yours to keep even if you leave Tesla. In California and New Jersey, you can contribute to an HSA before federal taxes are withheld, but state taxes are still withheld. HSA earnings are subject to state tax in CA and New Jersey. Please consult with your tax specialist.

**In-Network Coverage** — You will pay less if you use a provider in the plan's network as those networks provide services at lower cost to the insurance companies with which they have contracts.

**Out-of-Network Coverage** — You will pay less if you use a provider in the plan's network. If your plan includes an out-of-network benefit and you use a non-network provider, you are responsible for the difference between the covered expense and the actual non-participating provider's charge.

**Out-of-Pocket Maximum** — The annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs. The annual out-of-pocket maximum does not include premium costs (the amount that is deducted from your paycheck for health coverage).

Under all coverage levels, once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that individual. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

**Premiums** — The amount you pay each paycheck for insurance coverage. Premiums do not count toward deductibles or out-of-pocket maximums. Premiums are also referred to as "employee contributions" or "cost of coverage."

## Tesla Full-Time Employee Benefits Guide

This document is subject to change without notice. Tesla does not warrant that the material contained in this document is error-free. If you find any problems with this document, please report them to Tesla Human Resources in writing.

Tesla reserves the right to terminate, suspend, withdraw or modify the benefits described in this document, in whole or in part, at any time. Additionally, from time to time, the company may modify or discontinue certain benefits described here as needed due to business needs or local laws. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.

This is not a legal document. Please refer to the summary plan description for detailed information. This document is not intended to cover every option detail. Complete details are in the legal documents, contracts and administrative policies that govern benefit operation and administration found on [ts.la/TheTeslaLife](https://ts.la/TheTeslaLife).

This document is a summary for informational purposes only. If there should ever be any differences between the summaries in this handbook and these legal documents, contracts and policies, the document contracts and policies will be the final authority. Please refer to your policy documents for up to date information.

T E S L A

# **EXHIBIT H**

## Community Involvement and Participation

## **Gigafactory Texas - Community Involvement and Participation**

Tesla has made, and plans to continue making, investments well over 10% of the Operations and Maintenance Ad Valorem Property Tax owed over the term of the Agreement, per Section 4.10.2.

The total amount of the Operations and Maintenance Ad Valorem Property Tax paid to Travis County in 2023 totaled **\$2,927,408.49**, 10% of which would be **\$292,740.85**.

Tesla is above the required community investment for this reporting period with a total of **\$7,902,611**.

Details for community involvement and participation not already provided in Exhibit F can be seen below.

### **Public Infrastructure Investment**

Public Water Main- Phase II	\$1,559,610
FM 973 Widening	\$708,500
Tesla Road Widening	\$3,275,703
SH 130 Exit Ramp	\$1,074,878
FM 973 and River Road Traffic Signals	\$409,640
<b>TOTAL</b>	<b>\$7,028,331</b>

### **Higher Education Investment**

The University of Texas, Austin	\$8,400
Huston-Tillotson University	\$15,000
Austin Community College	
<b>TOTAL</b>	<b>\$23,400</b>

### **Community Group Donations**

EcoRise	\$100,000
American Youthworks	\$30,000
Colorado River Alliance	\$25,000
Black Leaders' Collective	\$32,000
Austin Area Urban League	\$75,000
Partners For Education Agriculture and Sustainability (PEAS)	\$100,000
Workforce Solutions Teachers Externships	\$12,000
Del Valle ISD Staff	\$376,880
Dal Valle High School P-Tech Equipment	\$100,000
<b>TOTAL</b>	<b>\$850,880</b>