

NOTE TO EMPLOYER: As your employee, I am requesting that you review this document, provide the requisite information, and sign the form, in regards to your requirement that employees get a Covid-19 emergency use authorization (EUA) investigational vaccine.

1) If I agree to receive an EUA Covid-19 injection, does my employee **health insurance plan** provide complete coverage should I experience an adverse event, or even death?

2) As an employee, does my **life insurance policy** provide any coverage in the event that I die from receiving an EUA Covid-19 injection?

3) As an employee, will you be providing **Workers' Compensation, disability insurance, or other resources** if I have an adverse event to an EUA Covid-19 injection and am unable to come to work for days, weeks, or months, or if I am disabled for life?

4) The Food and Drug Administration (FDA) requires that EUA vaccine recipients be provided with certain vaccine-specific information to help them make an informed decision about vaccination.⁸

The EUA fact sheets that must be provided are specific to each authorized Covid-19 injection and are developed by the manufacturers of the injections (Pfizer/BioNTech, Moderna, Oxford/AstraZeneca, and the Johnson & Johnson subsidiary Janssen). The fact sheets must provide the most current and up-to-date information on the injections, and vaccine recipients must also receive information about adverse events. Have you read, understood, and provided me (and all other employees) with these fact sheets and with current information on adverse events so that I/we can make an educated decision?