

SUMMARY ANNUAL REPORT FOR ROBERT HALF WELFARE BENEFIT PLAN

This is a summary of the annual report of the Robert Half Welfare Benefit Plan (Employer Identification Number 94-1648752, Plan Number 501) for the plan year 01/01/2019 through 12/31/2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Robert Half International Inc. has committed itself to pay certain health, prescription drug and flexible spending account claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with American Heritage Life Insurance Company, Cigna Health and Life Insurance Company, Federal Insurance Company, Hawaii Medical Service Association, MetLife Legal Plans, Kaiser Foundation Health Plan of Georgia, Kaiser Foundation Health Plan of the Northwest, Kaiser Foundation Health Plan Inc, Kaiser Foundation Health Plan of the Mid-Atlantic, Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan of Hawaii, Lincoln Life Assurance Company of Boston, Magellan Behavioral Health, Reliastar Life Insurance Company, Vision Service Plan, HM Life Insurance Company, Life Insurance Company of North America, Kaiser Health Plan of Washington, Ameritas and Nationwide to pay certain health, critical illness, dental, employee assistance program, business travel accident, prescription drug, legal, long-term disability, life insurance, accidental death and dismemberment, vision, accident and temporary disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2019 were \$27,827,401.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call Robert Half Benefits Committee, the plan administrator, at 2613 Camino Ramon, San Ramon, CA 94583 and phone number, 925-913-1000.

You also have the legally protected right to examine the annual report at the main office of the plan: 2613 Camino Ramon, San Ramon, CA 94583, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.